

2008-09 GRMERC RESIDENT MANUAL

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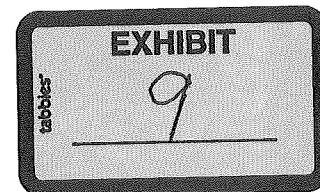
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6/08



GRAND RAPIDS MEDICAL EDUCATION AND RESEARCH CENTER FOR HEALTH PROFESSIONS

MISSION

To enhance the quality of healthcare in our community by sponsoring and supporting programs and developing resources to meet the region's current and future needs for physician and health professions education

We achieve our mission by:

- Sponsoring high quality graduate medical education programs
- Providing continuing medical education activities that assist physicians and the health professions

Facilitating the availability of high quality learning opportunities for medical students and students in the health professions

Collaborating to provide a professional development forum for medical and health professions educators to enhance their skills

Fostering leadership development and professional growth in our staff
Advancing the identity and visibility of member organizations

VISION

We aspire to be:

An indispensable driver of the growth and quality of healthcare in West Michigan

A national benchmark for collaborative community based medical education, clinical simulation and interdisciplinary training in the health professions

A critical element in the development of the Michigan State University College of Human Medicine in Grand Rapids

A catalyst in establishing West Michigan as a center of excellence in clinical care, physician and health professions education and research

PARTNERSHIP

The Grand Rapids Medical Education and Research Center for Health Professions is an organization created through collaboration among hospitals and universities in the Grand Rapids region

Partners

Grand Valley State University
Michigan State University
Saint Mary's Health Care
Spectrum Health

Affiliates

Ferris State University
Metro Health
education at every level

Use physician and health professions education and research as strategic assets to achieve their missions and community goals

Collaborate to achieve the highest quality education and patient care

GRADUATE MEDICAL EDUCATION COMMITTEE

The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of residency education. The voting membership includes program directors and peer selected residents from the House Staff Council. GRMERC staff members also participate on the committee. GMEC reports are provided to the GRMERC Board of Directors and Voting Board as well as the Organized Medical Staff of Saint Mary's Health Care and Spectrum Health Hospitals.

Specific areas of responsibility:

- Establishing and implementing policies that affect resident education quality and work environment, including duty hour compliance;
- Establishing and maintaining appropriate oversight of and liaison with program directors that includes assuring that program directors establish and maintain proper oversight of and liaison with participating institutions' personnel;
- Reviewing ACGME letters of report, and developing and monitoring action plans for correction of citations;
- Reviewing and assessing ACGME accredited residency and subspecialty programs for compliance with the Institutional Requirements, Common Program Requirements and specialty/subspecialty-Program Requirements;
- Assuring that each residency program establishes and implements formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents;
- Assuring an environment that residents may raise and resolve issues without fear of intimidation or retaliation; and
- Collecting data and making recommendations for appropriate funding of resident positions, including benefits and support services.

GENERAL INFORMATION

ACGME Institutional, Common, & Specialty/Subspecialty-Program Requirements

The ACGME Institutional, Common Program, and specialty/subspecialty-Program Requirements are provided to each resident in the Orientation CD. (See ACGME)

Additional ACGME information is available at www.acgme.org

Board Certification

All board eligible applicants are advised to contact their specific American Board to ascertain whether the information is current. Board specific requirements are available at www.abms.org/member.asp

Computer Access & Support

Residents are provided with computer access to carry out their educational responsibilities through the technology departments at their assigned hospitals. Residents are required to sign a confidentiality statement for the respective hospitals.

Disaster Preparedness

Residents play a vital role in the successful management of a disaster situation. A disaster, or mass casualty situation, is defined as a catastrophe which imposes extraordinary demands upon the hospital because of a sudden influx of patients requiring emergency treatment at a rate greater than the hospital is normally able to handle.

Resident responsibilities are identified in the respective participating hospitals' operating/disaster manuals.

Duty Hours

Residents are required to log duty hours weekly using New Innovations. See Users Guide distributed at individual program orientation, or contact your Program Coordinator for more information.

Dress Code

Residents are expected to dress professionally in neat and clean attire. Garment selection is according to department/rotation requirements.

Evaluation by Resident of Faculty & Program

Residents complete electronic evaluations through New Innovations. These evaluations include review of rotation/curriculum quality and faculty teaching/supervision.

Each residency program director is responsible for maintaining and providing the written goals and objectives for their specific program to the residents and faculty.

Evaluation of Resident's Performance

The program directors, with participation from the faculty and the use of New Innovations, evaluate the knowledge, skills, and professional growth of the residents. This compiled information is utilized in the written semi-annual evaluations of residents and in determining promotion within the individual residency programs.

Resident evaluations and the final evaluation, completed at the end of each resident's program completion, are a permanent part of the resident's file.

Exercise Facilities

Exercise facilities are provided within the A-Level call room suite at the Spectrum Health-Butterworth Campus. This area is limited to resident and medical student use via badge access.

House Staff Council

The House Staff Council (HSC) is the organization for residents to discuss generic and program specific education activities and raise any issue of concern. The HSC consists of 2-4 peer selected residents from each residency program. Four peer-selected HSC members serve as GMEC voting members. The HSC meets the Wednesday prior to the monthly GMEC meeting (See Exhibits).

House Staff Membership on Institutional Committees

Residents are provided with opportunities and encouraged to participate on institutional committees and councils, especially those that relate to patient care review activities. In addition, residents are requested to participate in institutional programs involving the medical staff and adhere to established practices, procedures, and policies of the institution.

Residents serving on committees are encouraged to solicit opinions from other residents for discussion at committee meetings and to communicate pertinent issues and problems back to their peers.

Residents are selected to participate in residency program internal review committees for programs other than their home programs.

Insurance Status Change

Residents with any status change affecting insurance (e.g., marriage, divorce, birth, VISA status) should contact the Human Resources immediately to ensure the necessary paperwork is completed in a timely manner.

Key Fobs

Remote access to the Spectrum Health Hospitals Cerner system is available via a key fob. Please contact your program coordinator for additional information. Saint Mary's Health Care provides access via a web based program.

Library Facilities

Library facilities are available at Saint Mary's Health Care, and Spectrum Health's—Blodgett & Butterworth Campuses. Residents may access the libraries 24 hours/day, using their access badges.

A photocopy machine is available 24 hours/day in each library. Residents may make copies or ask for assistance with copying machines. Library assistance is provided to residents upon request.

Lockers

Saint Mary's Health Care: Lockers are provided for any resident wishing to have one, on a first come basis. Combination locks are provided by the Medical Education Office located on the 3rd floor in the Peter M. Wege Center.

Spectrum Health - Blodgett Campus: Lockers are provided within the surgery suite for surgical residents.

Spectrum Health – Butterworth Campus: Lockers are provided for surgical residents within the surgery suite. Residents may utilize lockers in the West Building, A Level call room suite on a first come basis.

Lounge Facilities

Saint Mary's Health Care: Lounge facilities, with snacks, are provided on the 3rd floor of the Lack's Cancer Center.

Spectrum Health - Blodgett Campus: Lounge facilities are provided on the 1st floor across from the cafeteria exit.

Spectrum Health – Butterworth Campus: Lounge facilities are provided within the West Building, A Level call room suite.

Mailboxes

Saint Mary's Health Care: Mailboxes are provided in the Peter M. Wege Center for residents in the Family Practice and Orthopaedic Surgery residency programs.

Spectrum Health - Butterworth Campus: Residents in the Colon & Rectal Surgery, Diagnostic Radiology, Emergency Medicine, General Surgery, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, Pediatric Hematology/Oncology, Plastic Surgery, Surgical Critical Care and Transitional Year residency programs will receive mail through their respective residency program office.

Residents should check their assigned mailboxes on a regular basis.

On-call Rooms

Saint Mary's Health Care: Sleep quarters are provided on the 3rd floor of the Lack's Cancer Center. Snacks are provided in the 3rd floor Lounge.

Spectrum Health – Blodgett Campus: Sleep quarters are provided on the 5th floor.

Spectrum Health – Butterworth Campus: Sleep quarters are provided are provided in the Call Room Suite, West Building, A Level; 2nd floor, West Building; 7th floor, North Building; and 8th floor South Building.

Security Access/ID Badges

Saint Mary's Health Care and Spectrum Health provide 24-hour security support with dedicated coverage to their respective Emergency Departments, outside areas, and interior space. In addition, investigative support is available.

GRMERC will issue a photo identification to all residents. This card should be displayed on the left chest area of the resident's outer garment while on campus at participating hospitals.

Saint Mary's Health Care will issue a photo identification/access card to all residents. This card should be displayed with the resident's GRMERC ID on the left chest area of the resident's outer garment while on campus. The card serves as authorization to clinical and non-clinical areas. Lost cards require a \$5.00 replacement fee that will be refunded if the lost card is returned.

Spectrum Health will issue an access card to all residents with a \$5.00 deposit. This card should be displayed with the resident's GRMERC ID while on campus. The card serves as authorization to appropriate clinical and non-clinical areas.

Lost badges must be reported to the appropriate security office immediately. All access badges MUST be returned at the completion of residency training.

BENEFITS & COMPENSATION

Auto and Homeowners Insurance Discounts

GRMERC is a member of the Liberty Mutual Group Savings Plus™ plan which provides special discounted group rates on auto and homeowners' insurance, convenient payment plans including direct bill, electronic funds transfer and payroll deduction, and no down payment required with payroll deduction.

Conference Attendance

Conference attendance is provided according to *GME Policy–Resident Time Off for Call Requests, Vacations, Interviews, Conference Attendance, and Illness*.

Dental Insurance

Benefits are provided to all GRMERC contracted residents, their spouses and dependent children. See summary plan for complete details.

Disability

Residents are provided Short Term Disability coverage for qualifying events according to the terms of the Resident Physicians, Short Term Disability Plan.

Residents will be provided Long Term Disability Insurance coverage according to the terms described in the Northwestern Long Term Disability Insurance policy. This policy is convertible at the end of the residency program.

Employee Assistance Program

All residents, spouses, and dependent children are eligible to seek assistance from *Encompass* for family, personal, legal, and financial issues. Additional information is available at www.encompass.us.com

Flexible Spending Accounts

Two flexible spending accounts, through payroll deduction with pre-tax dollars, are offered:

Health Care Account - this account reimburses the resident for qualified out-of pocket health care expenses (expenses not covered by medical or dental plans) and certain over-the-counter medical items qualified under IRS regulations.

Maximum Annual amount is \$3,000

Dependent Care Account - this account reimburses the resident for certain dependent and child care expenses.

Maximum Annual amount is \$5,000 per family unit

New residents may enroll at the time of hire or during the next open enrollment period. Details of the flexible spending accounts are available from Human Resources. Residents may also want to consult with their personal tax advisor regarding flexible spending accounts. Flexible spending accounts are calendar year based.

Health Insurance

Health benefits are provided to all GRMERC contracted residents, their spouses and dependent children. The benefit plan provides for both medical, mental health and prescription coverage. GRMERC also provides a Health Reimbursement Arrangement (HRA) to reimburse deductible costs the resident and family members incur. See summary plan for complete details.

Holidays

Holidays are treated as weekend days. Residency programs are responsible for determining on-call schedules.

Illness

Residents unable to report for work due to illness must contact their residency program director, program coordinator and/or chief resident (if applicable). Notification of resident illness to others (i.e., faculty, physician office) will be according to specific residency program guidelines. See *GMEC Policy–Resident Time Off for Call Requests, Vacations, Interviews, Conference Attendance, and Illness*.

Jury Duty

If a resident is called for jury duty, he/she should contact his/her program director. See *GME Policy—Leaves of Absence*.

Lab Coats & Laundry

Lab Coats and laundry service are provided at no cost to residents. The lab coats are ordered through the GME office. Laundering drop-off and pick-up locations are identified in the Exhibits. The location where you drop your coats for laundering the first time is where you will continue to pick them up.

Saint Mary's Health Care: Soiled lab coats may be brought to the specified area in the residents' sleeping area where a laundry bag is provided for your convenience. The clean lab coats are then returned to the same area on a weekly basis.

Spectrum Health—Blodgett & Butterworth Campuses: Soiled lab coats may be brought to the laundry on A-Level (Butterworth Campus). The clean lab coats are returned to the entrance of the laundry area. Pick-up and Drop Off at Blodgett is for the Colon & Rectal Surgery Fellows only. Location is explained at their program orientation.

Leaves of Absence

Residents may request a leave of absence according to *GME Policy—Leaves of Absence*.

Life Insurance

Residents will be provided term group life insurance of \$100,000 according to the terms described in the Lincoln policy. This policy is convertible at the end of the residency program.

Additional/Voluntary

Employees may elect supplemental term life insurance for themselves and dependents. Up to \$100,000 additional life insurance is available for employee, 50% of the employee amount can be available for your spouse and 10% of the employee amount you select can be available per child. The low premium rates are payroll deducted and the policy is convertible when you leave GRMERC.

Long-Term Care Insurance

Long-term care insurance policies are designed to pay out a predetermined benefit should something unfortunate happen. The benefit will help pay for the physical care and day-to-day living assistance a person may need if confronted by a lengthy illness, severe accident, or effects of aging. It allows for some protection of assets and the ability of determining your own level of care should the need arise. Through our relationship with New York Life all GRMERC employees and their families, including parents and siblings are able to take advantage of discounted rates as well as payroll deduction for employees.

Meals on Duty

Meals in the cafeteria are provided for each resident while he/she is on duty in the hospitals. The resident must provide appropriate photo ID/swipe card to cafeteria personnel to obtain his/her meal while on duty. Each hospital has a unique swipe card to their respective institution.

The cost for the food must be rung into the cash register by the cashier and charged to your personal meal number based on your ID/swipe card. Each resident is allotted \$2,200 annually. If a resident is rotating at Saint Mary's and Spectrum Health, the charges for each hospital are combined and should not exceed \$2,200. Lost or stolen cards must be reported to security immediately.

Meals are not provided for family members or guests; however, family members or guests are welcome to dine with the resident at their own expense.

Pagers

GRMERC assigns pagers to residents for the duration of their residency. Residents are instructed on pager use within the various hospitals.

It is the resident's responsibility to make sure that his/her pager is operational during the period when he/she is on duty and on call. Residents not available, e.g., scrubbing in surgery, he/she should make arrangements to leave the pager with a responsible person to answer calls appropriately.

Malfunctioning pagers should be reported to the Operator's Station at the resident's assigned hospital. The resident will be provided with an operating pager. The original pager will be forwarded for service.

At the end of the resident's training, the resident will return his/her pager to the GRMERC.

City-wide pager listings are distributed by the GRMERC at the beginning of each academic year and update throughout the year.

Parking

Residents will be required to register motor vehicle(s) to receive a vehicle decal(s) for each facility they will be rotating to. Vehicle information must be updated as necessary. Unregistered vehicles are subject to impoundment. Designated parking areas for residents must be utilized at each facility. Failure to park in assigned areas may result in adverse action.

Payroll/Direct Deposit

Paychecks are issued every other Thursday. Residents will receive their paychecks via the US Postal Service or through direct deposit. Residents are encouraged to utilize direct deposit with a financial institution of their choice.

Professional Liability Insurance

Residents will be provided with professional liability insurance through the participating hospitals (See Exhibits). This insurance covers residents for those activities properly within the scope of their program and does not provide coverage for any moonlighting or locum tenens activities that residents may engage in. During any period that residents rotate at Saint Mary's Health Care and Spectrum Health, the institutions shall provide professional liability coverage and/or self-insurance coverage with the same limits as are provided for other medical personnel under the respective hospital's standard coverage. Residents must agree to cooperate with the respective institution(s) and its counsel in the investigation and defense of any claim(s) asserted against the institution(s) whenever such claim(s) arises from or relates to services rendered by residents. Tail coverage is provided for residents.

Relocation Loan – New Employees

A Relocation Loan is available to new employees within two weeks of their start date of employment with GRMERC. Please contact Human Resources for additional information.

Retirement Savings Plan – 403b

Residents may participate in the TIAA-CREF 403(b) Supplemental Retirement Savings Plan (SRA). This is a voluntary program. Please contact Human Resources for additional information.

Stipends

PGY-1	\$44,000
PGY-2	\$45,250
PGY-3	\$46,500
PGY-4	\$47,750
PGY-5	\$49,000
PGY-6	\$50,250
PGY-7	\$51,500

Vacation

Vacation is provided according to *GME Policy—Time Off for Call Requests, Vacations, Interviews, Conference Attendance, and Illness*.

Vision Insurance

This is a voluntary benefit. Residents may participate and cover themselves, a spouse, and dependent children. Please contact Human Resources for additional information.



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: CORRECTIVE ACTION AND GRIEVANCE PROCESS

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To define a process to review certain Resident academic, behavioral and professionalism issues and provide appropriate action to address such issues and to provide a process for Residents to grieve specific actions as identified in this policy.

POLICY: This policy is not meant to replace or modify the regular evaluative and reporting counseling techniques that Grand Rapids Medical Education & Research Center (GRMERC) faculty utilizes for Residents (for example, observations, objective testing, and feedback). Rather, this policy may be used when there is a basis to suspect that a Resident's academic, behavioral or professional performance may be sufficiently poor or may negatively influence patient safety to the degree that counseling must be replaced by or supplemented with a Corrective Action.

A. Definitions

1. Resident(s): Any student actively employed and/or participating in a post-graduate medical education program of GRMERC.
2. Corrective Action(s): Any or all actions intended to improve the academic, behavioral, and/or professional performance of a Resident or to ensure patient safety in interacting with a Resident.
3. Grievance Process: A Resident's specific concern regarding a Corrective Action and the appeal process through which it must formally progress for resolution and/or disposition.

B. Corrective Actions

The Program Director and Resident are required to sign any documentation resulting from a Corrective Action. The Resident is expected to cooperate with the terms of a Corrective Action.

1. **Program Director-Generated Written Deficiency**

This action is employed when the GRMERC Program Director believes that there may be a need for swift correction in the academic, behavioral and/or professional performance of a Resident. Any Program Director-Generated Written Deficiency shall not be subject to the Grievance Process. The Program Director shall present any Program Director-Generated Written Deficiency to the Resident. The Program Director shall place a copy in the Resident's program file, indicating the date on which it was presented to the Resident.

2. **Remediation**

Remediation is not subject to the Grievance Process. Remediation is employed when the Program Director believes that a sustained period of time, e.g., one to three months, is necessary to correct a Resident's academic, behavioral and/or professional performance. Remediation requires the Program Director to complete a written plan to address the Resident's deficiency that shall include: objectives, a specific start-end timeline (the

duration of Remediation), a work plan, an evaluation scheme to determine whether the objectives have been met, and the consequences for partially or not meeting the objectives. The Program Director shall place a permanent copy in the Resident's program file. Remediation requires, at a minimum, that appropriate Residency-based committees are aware of, and approve, the Remediation plan. It is anticipated that a Resident who enters a Remediation plan will continue in his/her Residency program upon successful completion of the Remediation plan, although there is the possibility for continued Remediation, Probation, Suspension or Dismissal from the program.

3. *Probation*

Probation is not subject to the Grievance Process. Probation is employed for a set period of time, e.g., three to six months, to allow the Program Director to determine whether the Resident is able to make substantial improvements in his/her academic, behavioral and/or professional performance. It requires a summative evaluation after the Probationary period leading to one of three possibilities: 1) continuation in the program without Probation or 2) continuation in the program with Probation or 3) Dismissal from the program. Probation requires the development of a Probation plan (similar to the Remediation plan above) with notification and approval of the appropriate residency-based committees as well as notification of the Graduate Medical Education Committee (GMEC). The Program Director shall place a permanent copy in the Resident's program file. If the outcome of Probation is Dismissal, the Resident shall be able to use the Grievance Process. Remediation and Probation may be employed concurrently, in which case a single Probation plan is acceptable. The major difference between Remediation and Probation is that the Probationary period is generally longer and requires a summative decision at its conclusion, whereas no summative decision is required for Remediation.

4. *Suspension*

Suspension is not subject to the Grievance Process. Suspension requires the removal of a Resident from his/her residency activities for a period of time determined by GRMERC. Some of the circumstances leading to Suspension include, but are not limited to:

- a. Expiration, revocation or suspension of Resident's medical license.
- b. Action, or failure to act, that is unlawful or violates the standard for appropriate behavior and/or professionalism.
- c. Failure to comply with the policies, rules and regulations of any governmental authority, GRMERC or any hospitals participating in the program.

The Program Director shall place a permanent copy in the Resident's program file. Suspension requires the notification of the appropriate Residency-based committees as well as notification of the GMEC.

5. *Dismissal*

Dismissal is subject to the Grievance Process. Dismissal requires the permanent removal of the Resident from his/her Residency prior to his/her Agreement's scheduled termination date. Dismissal may occur at any time during the academic year. Some of the circumstances leading to dismissal include, but are not limited to:

- a. An unsuccessful Remediation period.
- b. An unsuccessful Probationary period.
- c. Action, or failure to act, that is unlawful or violates the standard for appropriate behavior and/or professionalism.

- d. Continued expiration, revocation or suspension of a Resident's medical license.
- e. Serious misconduct or continued failure to comply with the policies, rules and regulations of any governmental authority, GRMERC or any hospitals participating in the program.

The Program Director shall place a permanent copy in the Resident's program file. Dismissal requires the notification and approval of the appropriate residency-based committees as well as notification of the GMEC and any other appropriate authorities (e.g., the specialty Board).

C. Suspension Pending Investigation

A Resident may be temporarily suspended for the purpose of an investigation. This suspension is not corrective action. It may either be with pay or without pay at the discretion of GRMERC. At the conclusion of an unpaid suspension pending investigation, if there is no corrective action taken the Resident will be paid for this time.

D. Loss of Academic Credit

Remediation, Probation, Suspension or Dismissal may cause a loss of academic credit for work already performed. Remediation, Probation, or Suspension may require the Resident to do additional work beyond the Agreement year or anticipated training period. The necessary additional work should be accompanied by a Remediation or Probation plan.

Residency programs are responsible for a yearly matriculation process with each of their Residents that verifies their academic progress and status before the academic year begins. During this process, it is appropriate that issues regarding loss of academic credit and/or projected completion time be discussed with the Resident.

As a result of a loss of academic credit, GRMERC may not issue a one-year training certificate (e.g., in a Transitional Year Residency Program) or a completed residency certificate. Any loss of credit requires the notification and approval of the appropriate residency-based committees as well as notification of the GMEC and any other appropriate authorities (e.g., the specialty Board).

E. Non-Renewal of Resident Agreement

As a result of a Corrective Action, GRMERC may choose not to renew a Resident's Agreement beyond its scheduled termination date. As stated above, a reasonable attempt will be made to promptly notify the Resident of this possibility. GRMERC will attempt to make any decision not to renew prior to the four-month period before the start of the Resident's next Agreement Term. Due to the unforeseeable nature of the circumstances that may call for a Corrective Action, there may be times when a Resident has signed an Agreement for the next academic year that may be rescinded. The Resident may not use the Grievance Process for non-renewal of an Agreement unless: (i) The non-renewal causes a loss of academic credit, that the Resident reasonably believes to be excessive or improper, or (ii) the Resident reasonably believes that the timing of deliberations adversely affected his/her ability to continue in the program or continue his training in another program. Any non-renewal of an Agreement requires notification and approval of the appropriate residency-based committees as well as notification of the GMEC and any other appropriate authorities (e.g., the specialty Board).

F. Renewal of Resident Agreement without Promotion

As a result of Corrective Action or leave status during the term of a Resident's Agreement, a Resident may be required to do additional work beyond the term to fulfill the educational and clinical requirements of the Program at a Resident's current training level. If GRMERC determines a Resident has not fulfilled the educational and clinical requirements of the Program, a Resident will not be advanced in the Program although a Resident may receive a renewal Agreement for the

Corrective Action and Grievance Process

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Issue Date 06/26/00

GMEC Revised & Approved 06/25/01; 05/20/02; 04/25/03; 09/26/03; 06/25/04 v-01; 05/20/05 v-02; 04/20/07 v-03; 03/21/08 v-04

term necessary to fulfill the educational and clinical requirements of the Program at a Resident's current training level.

G. **Grievance Process**

1. ***Eligible Corrective Actions to Qualify for the Grievance Process***

- a. Dismissal that the Resident reasonably believes to be improper (see B.5. above);
- b. Loss of academic credit that the Resident reasonably believes to be excessive or improper (see D. above);
- c. Non-renewal of Resident Agreement leading to consequences (see E. above); or
- d. Renewal of Resident Agreement without promotion (see F. above).

2. ***Timing and Outcomes of the Grievance Process – Program, Resident and GMEC Obligations***

- a. **Program** – Promptly after the circumstances warranting a Corrective Action are known, GRMERC will notify the Resident of the specific Corrective Action. The notification will occur via meeting and certified mail. The meeting will require that both Program Director and Resident sign a dated document indicating the specific Corrective Action, the planned course for resolution, and the timeline of the plan as well a copy of this Corrective Action and Grievance Process Policy. The mailing will contain the same dated document and copy of this policy. For the purposes of establishing a timeline for this process, the mailing of the certified letter, to occur on the day of the meeting or after a reasonable attempt to meet with the Resident, will be called "Day 1." If the Resident cannot be located, or refuses to meet with his/her Program Director, sending the certified letter will be deemed sufficient notice of a Corrective Action and GRMERC may continue with the execution of the plan.
- b. **Resident** – If the Corrective Action leads to a condition as noted in G.1.a.-d., it will qualify for the Grievance Process. The Resident will then have 15 days from Day 1 to supply the Chair of the GMEC with a written letter contesting the decision leading to the Corrective Action or its consequences. If the Resident does not make a formal appeal within this time frame, he/she will waive his/her opportunity to do so.
- c. **GMEC** – Upon timely presentation of an appeal letter from the Resident, the Chair of GMEC will convene an ad hoc panel to consider the matter. The panel shall consist of at least five individuals, with at least two Program Directors, one Resident, and one GRMERC administrative staff member; one of the panel's Program Directors will chair the panel. All panel members shall come from the GMEC, but none shall come from the appealing Resident's program. If the Resident(s) of the GMEC have a potential conflict with an appealing Resident, the GRMERC President & CEO at his/her discretion may select an alternate Resident outside of the defined GMEC structure. The general parameters of the Grievance Process are that within 30 days of receipt of the appealing Resident's letter to the Chair of the GMEC, the panel will study the case, invite the appealing Resident for his/her input, and will render a summative decision (see further details on this process below) regarding the matter. This decision will be sent in writing to the Resident, with formal feedback, as necessary, to the appealing Resident's program and the rest of the GMEC. Under the specific procedures of the Grievance Process, the appealing Resident will be given at least three different dates and times from which to choose to make his/her sole appearance before the panel. The Resident may choose to present written and/or verbal information to the panel. If he/she is unable to appear at any of the times, he/she will waive

his/her opportunity to appear before the panel and the panel's deliberations to reach a decision will continue, as noted above. The summative decision will be one of two forms: 1) Support of the program's processes as it pertains to the Corrective Action and Grievance Process Policy or 2) Non-support of the program's processes as it pertains to the Corrective Action and Grievance Process Policy. If the latter determination is reached, the panel will determine the appropriate outcome and will inform the Resident, the Resident's program and the GMEC. The panel's decision will be final and the Resident shall have no further right of appeal. All decisions will be finalized within 45 days of Day 1.

3. *Limitations of Proceedings*

Because the Grievance Process deals with an academic, not legal, matter, no legal representation will be allowed at the appeal. The Resident may bring an advocate but his/her name and relationship to the Resident must be disclosed prior to the appeal, and his/her information presented must pertain to the process of the Corrective Action and its consequences. The Resident at his/her own expense may have his/her panel appearance recorded and obtain a copy of the transcript from the appearance.

4. *Salary and Benefits*

Either dismissal or failure to comply with Agreement obligations shall result in a discontinuance of the Resident's salary pending the determination of the panel. However, the panel may determine that the Resident is entitled to back pay if the panel overrules the appealing Resident's program. For the other Corrective Actions (see B.1.-4. above), the Resident will continue to receive a salary if he/she remains in the Residency program. If the Resident has left the program without a salary, the panel may determine that the Resident is entitled to back pay if the panel overrules the appealing Resident's program. Benefits will continue until the Resident is formally dismissed from the program or the Resident's Agreement has expired without renewal. Any other applicable laws pertaining to the continuance of benefits will apply.

H. Employment Issues

This policy addresses the Resident's professional standing in connection with the program. The terms and conditions of this Policy do not create an employment Agreement between GRMERC and the Resident and do not change the terms and conditions of Resident's employment. For example, this policy does not change the at-will nature of each Resident's employment.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: DUTY HOURS AND ON-CALL ACTIVITIES

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To establish guidelines for appropriate Resident schedules.

POLICY:

Duty Hours

Each Grand Rapids Medical Education & Research Center (GRMERC) residency program will establish policies governing Resident duty hours that assure an optimal consideration of Resident education, patient safety and Resident well-being, with didactic and clinical education having priority in the allotment of Residents' time and energy. Policies governing duty hours must be consistent with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Common Program Requirements, and specialty/subspecialty specific Program Requirements. These formal policies must apply to all institutions to which a Resident rotates. The Program Directors and GRMERC President/CEO are responsible for assuring adherence to these policies.

- A. The educational goals of the program and learning objectives of Residents must not be compromised by excessive reliance on Residents to fulfill institutional service obligations. Duty hour assignments must recognize that Faculty and Residents collectively have responsibility for the safety and welfare of patients. As such, Faculty and Residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects on patient care and learning. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care.
- B. For purposes of establishing policies within each GRMERC residency program, "duty hours" are defined as all clinical and academic activities related to the residency program, including patient care (both inpatient and outpatient), administrative duties related to patient care, the time associated with the transfer of patient care, time spent in-house during call activities (including time spent in the hospital when called in from home), and scheduled academic activities such as conferences. Moonlighting that occurs within Saint Mary's Health Care or Spectrum Health Hospitals affiliated clinical sites must be counted toward any applicable weekly limit on duty hours. Duty hours do not include reading and preparation time spent away from the residency program, e.g., at home or otherwise away from the training program.
- C. Aggregate Resident duty hours in all GRMERC residency programs must not exceed the lesser of a) 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, or b) the limit established in the ACGME Program Requirements for the specialty or subspecialty applicable to the program. Also, all GRMERC Residents must be provided with one day in seven free from all structured educational and clinical responsibilities, again averaged over a four-week period and inclusive of call

Duty Hours and On-Call Activities (Previously: Supervision, Duty Hours and Work Environment)

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Issue Date 06/26/00

GMERC Revised & Approved 06/25/01; 02/21/03; 04/25/03; 06/24/04 v-01; 05/20/05 v-02; 06/15/07 v-03; 03/21/08 v-04

responsibilities, and should be provided a 10-hour time period for rest and personal activities between all daily duty periods and after in-house call.

D. Each GRMERC residency program will establish mechanisms for monitoring duty hours at a frequency sufficient to ensure patient safety, Resident well-being, and an appropriate balance between education and service. At a minimum, the Resident will record his/her duty hours via New Innovations on a weekly basis to allow for appropriate program and institutional monitoring. The policies governing duty hours in each GRMERC residency program will be reviewed by the Graduate Medical Education Committee (GMEC) and will be distributed at least annually to the Residents and teaching staff in the applicable program.

On-Call Activities

Each GRMERC residency program will establish policies governing Resident on-call activities that assure that such activities are not excessive, detrimental to patient safety or Resident well-being, or inconsistent with the educational goals of the program. Policies governing on-call activities must be consistent with the ACGME's Institutional Requirements, Common Program Requirements, and specialty/subspecialty specific Program Requirements. These formal policies must apply to all institutions to which a Resident rotates. The Program Director and GRMERC President/CEO are responsible for assuring adherence to these policies.

A. For purposes of establishing policies within each GRMERC residency program, in-house call is defined as those duty hours beyond the normal workday when Residents are required to remain in the assigned institution to assure immediate availability for patient care. At-home call (pager call) is defined as call taken from outside the assigned institution when the Resident is required to be immediately available for telephone consultation and/or return to the assigned institution for patient care.

B. In-house call in GRMERC residency programs must occur no more frequently than every third night, averaged over a four-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics. However, no new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.

C. At-home call (pager call) is not subject to the every third night limitation or 24+6 limitation. At-home call (pager call) must not be so frequent as to preclude rest and reasonable personal time for each Resident. Residents taking call from home must nevertheless be provided with one day in seven completely free from all structured educational and clinical responsibilities (including at-home call), averaged over a four-week period. Residents called into the institution from home must count the in-house hours toward the 80-hour limit.

D. Each GRMERC residency program will establish mechanisms for monitoring the demands of in-house and at-home call and the Program Director will make scheduling adjustments as necessary to address excess service demands or Resident fatigue.



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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: EDUCATION CONFERENCE TRAVEL AND REIMBURSEMENT

EFFECTIVE DATE: 05/16/2008

OBJECTIVE: To establish guidelines for Resident conference travel and reimbursement of expenses.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) strongly encourages that any transaction that can be handled via a business check between GRMERC and the vendor be utilized to reduce or eliminate the need for out of pocket expenses. In the case however where out of pocket expenses reasonably must occur, the following guidelines must be followed:

- A. All covered credit card transactions must include the detailed receipt indicating items paid for, not merely the credit card receipt. For internet purchases, the receipt of purchase may be either the receipt printed from the website or a copy of the verification of purchase/order from the vendor, it must also indicate total amount due along with indicated payment was received and the outstanding balance is zero.
- B. Meal charges for meetings, not conferences, must include the detailed receipt along with the attendee's names and purpose of meeting.
- C. Meal charges will require no receipts for conferences and travel. A per diem system of \$60 per day up to a maximum of \$360 will be allowed for meal charges and will not be reimbursed at a higher rate. (Example: 4 day conference, 2 travel days equals 6 day x \$60 = \$360.)
- D. Travel charges (airline tickets, rental cars, rail travel, etc.) must include a copy of the itinerary and the purpose of the travel.
- E. Mileage reimbursement must include beginning and ending destination, along with dates of travel with miles driven for each occurrence.
- F. Items for which a personal check was written must include a copy of the detailed receipt of purchase, indicating payment received.



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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: ELIGIBILITY AND SELECTION

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To provide a fair and consistent process in determining the eligibility and selection of Residents.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) and Program Directors are responsible for determining the eligibility and selection of Residents entering their Accreditation Council for Graduate Medical Education (ACGME)-accredited Residency Programs.

RESIDENT ELIGIBILITY

Applicants shall possess one of the following qualifications to be eligible for appointment to GRMERC residencies:

- A. Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- C. Graduate of a medical school outside the United States and Canada who meets one of the following qualifications: 1) has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or 2) has a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which he/she trains.
- D. Graduate of a medical school outside the United States who has completed a Fifth Pathway* program provided by an LCME-accredited medical school.

RESIDENT SELECTION

Eligible applicants are selected on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Applicants must be committed to the GRMERC mission. GRMERC Residency Programs do not discriminate based on legally protected classifications or activity.

GRMERC and all of its ACGME-accredited programs participate in the National Resident Matching Program (NRMP) and agree to the Terms and Conditions of the NRMP. Matched applicants will not be accepted until satisfactorily completing the background investigation and drug screen process.

Residents appointed outside the NRMP will not be accepted until satisfactorily completing the background investigation and drug screen process.

ENROLLMENT OF NON-ELIGIBLE

Graduates of medical schools from within and outside the United States who do not meet the above Resident Eligibility requirements shall not be considered for appointment into the GRMERC residency program.

*A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: 1) have completed, in an accredited college or university in the U.S., undergraduate premedical education of the quality acceptable for matriculation in an accredited U.S. Medical School; 2) have studied at a medical school outside the U.S. and Canada but listed in the World Health Organization Directory of Medical Schools; 3) have completed all of the formal requirement of the foreign medical school except internship and/or social service; 4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and 5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Part I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).



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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: EVALUATION AND PROMOTION

EFFECTIVE DATE: 07/01/2007

OBJECTIVE: To ensure appropriate evaluation and promotion of Residents.

POLICY: The Graduate Medical Education Committee (GMEC) will ensure that each Accreditation Council for Graduate Medical Education (ACGME)-accredited program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes, and education experiences required in order for the Resident to be appropriately evaluated and promoted to a higher postgraduate level. It is the responsibility of the Program Director and the respective Residency Education Committee to review its evaluation criteria and evaluation process regularly concerning the progress of the Resident in accordance with the Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements. The program is also responsible for developing procedures to evaluate the Resident's satisfactory progression of scholarship, professional growth, and ability to assume graded and increasing responsibility.

A Resident will be promoted only if endorsed by both the Program Director and the respective Residency Education Committee upon the Resident's satisfactory completion of the program's evaluation criteria. If a decision is made not to promote a Resident to the next level, the Program Director will proceed according to the Corrective Action and Grievance Process Policy.

The GMEC will monitor each program's compliance.

Evaluation and Promotion

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Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: FAMILY AND MEDICAL LEAVE

EFFECTIVE DATE: 03/21/2008

OBJECTIVE: In compliance with the federal Family and Medical Leave Act (FMLA), Grand Rapids Medical Education & Research Center (GRMERC) will provide eligible Residents up to 12 weeks (and in some cases 26 weeks) per year of unpaid job protected leave for covered family and medical reasons. This policy will be interpreted consistent with the FMLA.

POLICY:

ELIGIBILITY

Residents are eligible only if they have been employed for at least one year, have worked at least 1,250 hours over the previous 12 months of employment, and work at a covered location.

REASONS FOR LEAVE

Leave may be granted for any of the following:

- A. For the birth of a child, or placement of a new child for the adoption or foster care (must conclude within 12 months of the birth or placement).
- B. To care for the Resident's spouse, parent, or dependent child because of that family member's serious health condition.
- C. For the Resident's own serious health condition that prevents him or her from working.
- D. To care for a Resident's spouse, son, daughter, parent, or next of kin who is a covered member of the Armed Services with a serious injury or illness incurred in the line of duty on active duty.

LEAVE TIME ALLOWED

Up to 12 workweeks of leave are allowed per year for reasons related to A-C above. Up to 26 weeks of leave per year are permitted for a covered service member's serious illness or injury (reason D above). To calculate the amount of leave time used and available, GRMERC uses a rolling 12-month period measured backward from the date a Resident uses any FMLA leave. The available leave will be the balance of the 12-week (or 26 weeks as applicable) allowance which has not been used during the preceding 12 months. Upon return from FMLA leave, most Residents will be reinstated to their original or equivalent positions with equivalent pay and benefits.

Leave for birth and care, or placement for adoption or foster care must be taken continuously and must conclude within 12 months of the birth or placement.

Family and Medical Leave

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Issue Date 6/26/00

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Spouses employed by GRMERC are jointly entitled to a combined total of 12 workweeks of family leave for the birth or placement of a new child for adoption or foster care, and to care for a parent who has a serious health condition (combined total of 26 weeks for care of a covered service member's serious injury or illness).

INTERMITTENT LEAVE

When medically necessary, leave to care for a family member or for the Resident's own serious health condition, or to care for a covered service member with a serious injury or illness, may be taken on an intermittent basis or by arranging a reduced work schedule. A Resident may be required to transfer temporarily to a position that can better accommodate intermittent or reduced hours leave. Any Resident taking intermittent leave must attempt to schedule the leave so as not to disrupt GRMERC's and his/her Clinical Program's operations. All time taken will count toward the Resident's entitlement.

EMPLOYEE'S OBLIGATIONS

Notice to GRMERC

For foreseeable leave – Residents must provide GRMERC with 30-days advance notice of their need for leave. Notification must be made to Program Director and Human Resources.

Unforeseeable need for leave – Residents must provide GRMERC with notice as soon as practicable. Notification must be made to Program Director and Human Resources. Notification under this policy does not relieve Residents from following all other GRMERC notification/call-in requirements.

Medical Certification – Residents must provide GRMERC with medical certification verifying their need for leave (at the Resident's expense). Forms identifying required information are available from Human Resources and must be fully completed by the Resident's healthcare provider. Medical certification must be returned promptly (at least within 15 days). Failure to provide medical certification within 15 days may delay the commencement of leave, suspend continuation of leave and/or lead to the application of GRMERC's attendance policy including disciplinary action for unauthorized absenteeism. Any medical certification form that is returned without all of the required information will not be accepted. Residents must comply with the GRMERC's request for 2nd or 3rd opinions (at GRMERC's expense).

Periodic Reports and Re-certifications – While on leave, Residents are required to provide periodic reports of their status and intent to return to work. Residents must provide Re-certifications (at the Resident's expense) at times required by GRMERC, usually each 30 days.

Notice of Intent to Return to Work – Before returning to work from a leave due to the Resident's own serious health condition, the Resident must provide medical verification of fitness for duty, unless the Resident has been certified for intermittent leave.

BENEFITS AND COORDINATION WITH PAID LEAVE

GRMERC will maintain the Resident's health coverage under any group health plan for covered FMLA leave. Any Resident contributions to the health plan must be maintained by the Resident during the leave to maintain coverage. Residents who fail to return from a leave will be obligated to reimburse GRMERC for the cost of employer-paid health coverage, except when the Resident's failure to return is due to the continuation, recurrence, or onset of a serious health condition which would entitle the Resident to medical or family leave, or other circumstances beyond the Resident's control.

Any other benefit coverage which the Resident wishes to maintain during the FMLA leave is the responsibility of the Resident. The Resident shall either make arrangements for payments prior to or during the leave, or shall reimburse GRMERC by payroll deduction at the conclusion of the leave.

WAGES / COORDINATION WITH PAID LEAVE

FMLA leave is unpaid except as covered by any accrued vacation benefit, workers' compensation benefits, and wage continuation, if applicable. FMLA leave is coordinated with other existing forms of leave and paid time off as follows:

Resident's non-work-related serious health condition. When FMLA leave is used for a non-work-related serious health condition, the Resident may be eligible for wage continuation under GRMERC's policy for Disability-Medical Leave.

Resident's work-related serious health condition. Leave for an employee's serious health condition covered by the Workers' Disability Compensation Act is also counted as FMLA leave. The Resident may also be entitled to wage continuation coordinated with workers' compensation benefits.

Serious health condition of child, spouse or parent. When FMLA leave is used to care for a family member with a serious health condition, the Resident is required to use up available but unused vacation days.

Birth, adoption, foster care of a new child. When FMLA leave is taken for purposes of child care, the Resident is required to use up available but unused vacation days.

Covered service member's serious injury or illness. When FMLA is used to care for a covered service member's serious injury or illness, the Resident is required to use up available but unused vacation days.

All requests for time off that are covered under FMLA will be charged against the yearly FMLA allowance. For example, whenever a disability-medical leave is due to a serious health condition, time off will be charged against the Resident's FMLA allowance. Likewise, if a Resident takes vacation or is granted a personal leave for a purpose covered by FMLA, this will be charged against the Resident's FMLA allowance.

OTHER TERMS OF LEAVE

After return from FMLA leave, Resident shall be required to complete any missed training time to fulfill program-specific Residency Review Committee and specialty board requirements.

A Resident shall not engage in any gainful employment (including self-employment) or occupation during the leave without prior written approval of the Program Director, which will be granted only if the employment is consistent with the leave.

TERMINATION OF FMLA LEAVE

A Resident's FMLA leave and accompanying benefits shall terminate under any of the following circumstances:

- The employment relationship would have terminated if the employee had not taken FMLA leave
- The Resident informs GRMERC of intent not to return from leave
- The Resident fraudulently obtains FMLA leave
- The Resident fails to return from leave or continues on leave after exhausting his or her FMLA leave entitlement, unless permission for a non-FMLA form of leave has been granted by GRMERC in writing.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: HARASSMENT

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To create an environment of respect and dignity, and to have a positive learning and working environment, for each Resident and for other persons in the workplace.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) is committed to maintaining an environment free from all forms of harassment, or any other improper communication or action implying one person being less valued/respected than another. No employee of GRMERC is exempt from this policy.

Harassment is an extremely serious issue which threatens not only the educational experience and well being of Residents, faculty and staff, but also is destructive to the mission and integrity of the hospital and damages the credibility of the medical education community and medical profession as a whole. Furthermore, harassment based on protected status (race, color, religion, sex, national origin, disability, age, etc.) may be a form of illegal discrimination under federal, state and/or local laws or ordinances.

Sexual harassment includes unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

- A. Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment or educational experience.
- B. Submission to or rejection of the conduct is used as a basis for an employment or academic decision.
- C. The conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive work or academic environment.

Each person must exercise good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

Verbal: using epithets (sexual, racial, etc.), derogatory slurs, off-color jokes, innuendoes, propositions, malicious gossip or rumors, threats or suggestive or insulting sounds
Visual/non-verbal: derogatory posters, cartoons or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures

Physical: unwanted/unnecessary physical contact including touching, interference with an individual's normal work movement, or assault

Other: making or threatening reprisals as a result of a negative response to harassment

PROCEDURE:

- A. A Resident who believes that he or she is or has been subjected to harassment or other objectionable conduct must report it immediately to GRMERC's Director of Human Resources, or alternatively to GRMERC's Director of Graduate Medical Education. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating the situation. Each complaint will be investigated thoroughly and expeditiously, and appropriate corrective and preventative action will be taken. No Resident will be retaliated against for making a legitimate complaint of harassment.
- B. A Resident who believes he or she is or may be subjected to harassment or other objectionable conduct may also raise this concern with the individual, and explain that the actions and/or comments are not welcome/not appropriate. The Resident is encouraged to do this if the Resident believes that this may assist in resolving the issue.
- C. A complaint should be filed in writing. A written complaint should include:
 1. the name(s) of the complainant(s)
 2. the subject(s) whose behavior is considered to be harassing;
 3. a description of the incident(s);
 4. the date(s) or period of time on which the conduct occurred or has been occurring;
 5. the name(s) of any other person(s) with knowledge or information. Anyone who brings a complaint to the attention of GRMERC and/or participates in investigations regarding a complaint will not be retaliated against in any way.
- D. In response to every complaint, GRMERC will determine if the Resident belongs to a GRMERC-sponsored residency program. A complaint filed by a Resident in programs sponsored by institutions other than GRMERC will be handled jointly by the involved institutions. A complaint filed by a Resident in a GRMERC-sponsored residency will be investigated by GRMERC, which will coordinate with Program Director(s) and representatives of the hospital(s)/other institutions as appropriate.
- E. A Resident determined to have engaged in harassment or other inappropriate conduct will be subject to prompt disciplinary action, up to and including dismissal at the discretion of GRMERC.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: INTERACTIONS BETWEEN RESIDENTS AND GME PROGRAMS WITH INDUSTRY

EFFECTIVE DATE: 07/13/2008

OBJECTIVE: To establish guidelines for interactions of Grand Rapids Medical Education & Research Center (GRMERC) Residents, Sponsoring Institution, and residency programs with (Medical) Industry. Residents and other GRMERC personnel should be made aware of medical Industry's current methods of promotions and the potential Conflicts of Interests than can result from the gifting process.

POLICY

A. Definitions

(Medical) Industry: Companies that develop, manufacture, market, and/or distribute pharmaceuticals, medical equipment, medical devices, and medical laboratory tests.

Conflicts of Interest: Any situation in which an individual is in a position to exploit his/her professional or official capacity in some way for personal benefit.

B. Principles

Residents should be aware of the current methods of medical industry promotions and the potential conflicts of interest that can result from those methods.

Recognizing that Residents will encounter medical industry personnel and literature throughout their careers, guidance about the interactions between physicians and industry will be made part of the formal GME curriculum and include information on potential conflicts of interest and the influence of marketing.

Residents, Program Directors and GME personnel must ensure that presentations and other educational offerings supported by medical industry representatives are evidence-based and that any actual or potential faculty conflict of interest is made known to participants. Further, they must minimize gifts, other promotional items and the provision of food and/or beverages that can lead to conflicts of interest or the appearance of impropriety and be consistent with applicable ACCME guidelines.

All medical industry representatives must follow the participating institutions policies relating to interactions with personnel and physicians.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: INTERNAL REVIEWS

EFFECTIVE DATE: 07/01/2007

OBJECTIVE: To assess residency program compliance with established accrediting guidelines for Resident education.

POLICY:

Grand Rapids Medical Education & Research Center (GRMERC), as the Sponsoring Institution, will assess all Accreditation Council for Graduate Medical Education (ACGME) accredited residency and subspecialty programs' compliance with ACGME Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements at the mid-point of their accreditation cycles. Reviews will use the following protocol.

PROTOCOL:

- A. Internal Review Committee – The Internal Review Committee will consist of the following:
 1. One Program Director (from a program other than the program being reviewed)
 2. One Resident (preferably from same program as Program Director member)
 3. GRMERC Administration (Designated Institutional Official, Director of GME, Residency Programs Educator, and GME Coordinator)
- B. Areas to be Assessed (Reference ACGME Institutional Requirement IV. A. 4.)
 1. Compliance with the Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements
 2. Educational objectives and effectiveness in meeting those objectives
 3. Educational and financial resources
 4. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews
 5. Effectiveness of educational outcomes in the ACGME general competencies
 6. Effectiveness in using evaluation tools and outcome measures to assess a Resident's level of competence in each of the ACGME general competencies
 7. Annual program improvement efforts in:
 - a. Resident performance using aggregated Resident data
 - b. Faculty development
 - c. Graduate performance including performance of program graduates on the certification examination
 - d. Program evaluation and improvement (Reference ACGME Common Program Requirement V.C.)

Internal Reviews

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Issue Date 06/26/2000

GMEC Revised & Approved 03/26/01; 12/17/01; 04/22/02; 03/21/03; 05/21/04 v-01; 05/20/05 v-01; 06/15/07 v-02; Reviewed 03/21/08 v-02

C. Review Materials

1. Institutional (provided by GME department)
 - a. Institutional Requirements, Common Program Requirements and specialty/subspecialty-specific Program Requirements
 - b. All pertinent ACGME correspondence (e.g., LORs, program reports)
 - c. Previous internal review reports
 - d. Program specific questionnaire (All program leadership, Residents, and faculty will be provided an opportunity to complete and return the program specific questionnaire to the GME office.)
2. Administration and Institutional Support (provided by Program)
 - a. Education Committee Minutes
 - b. Program Policies
 - i. Eligibility and Selection
 - ii. Evaluation and Promotion
 - iii. Moonlighting
 - iv. Duty Hours and On Call Activities
 - c. Resident or graduate survey(s)
3. Work Environment (provided by Program)
 - a. Call Schedules
 - b. Duty Hour Records
 - c. Documentation of appropriate balance between education and service commitments
 - d. Adequacy of patient base (i.e., appropriate patient mix and numbers)
 - e. Adequacy of hospital facilities (e.g., food, call rooms, security)
 - f. Adequacy of patient support services
 - g. Mechanism to monitor Resident well-being, (e.g., stress, impairment, fatigue)
 - h. Mechanism for Residents to raise and resolve issues without fear of intimidation or retaliation
4. Faculty/Supervision (provided by Program)
 - a. Adequate number of qualified faculty
 - b. Evidence of appropriate faculty supervision of Residents
 - c. Evidence of monitoring Resident well-being
 - d. Documentation of research and scholarly activity
5. Curricula/Educational Activities (provided by Program)
 - a. Curricula descriptions
 - b. Educational objectives for each program component by competency by level
 - c. Documentation of individualized Resident learning plans
 - d. Documentation of research and scholarly activity by Residents and fellows
 - e. Resident participation in patient safety and quality improvement activities
 - f. Resident participation in educational program improvement efforts
 - g. Resident conference attendance records
6. Assessment Systems (provided by Program)
 - a. Evaluation methods and tools
 - i. Resident self assessment
 - ii. ACGME competency embedded rotation evaluations
 - iii. Resident bi-annual (or more frequent) written and confidential evaluations

Internal Reviews

Page 2 of 3

Issue Date 06/26/2000

GMEC Revised & Approved 03/26/01; 12/17/01; 04/22/02; 03/21/03; 05/21/04 v-01; 05/20/05 v-01; 06/15/07 v-02; Reviewed 03/21/08 v-02

- iv. Multi-rater/360 evaluations
- v. Patient satisfaction surveys
- vi. Aggregate data reports
- vii. Annual (or more frequent) program director and faculty evaluations
- viii. Annual (or more frequent) program evaluations
- ix. In-training exam scores
- x. Specialty board pass rates

7. Program strengths and best practices (provided by Program)

D. Interviews – The GME department, with the assistance of program personnel, will schedule interviews with the following:

- 1. Program Director
- 2. Key Clinical/Core Faculty members (minimum of 2 or more depending on program size)
- 3. Residents (at least one peer-selected Resident from each level of training; however, all are welcome to participate)
- 4. Others – as requested by the Internal Review Committee

E. Internal Review Report – The Internal Review Report must be written using the approved reporting form. The report will include the following:

- 1. Name of the program reviewed
- 2. Date of the assigned midpoint and status of GMEC internal review oversight at that midpoint
- 3. Names and titles of the internal review committee members
- 4. Brief description of how the internal review process was conducted, including the list of the group/individuals interviewed, interview dates, and documents reviewed
- 5. List of citations, areas of non-compliance, or any concerns/comments from the previous ACGME LORs with summary of how each item was addressed
- 6. List of recommendations and concerns from the previous internal review with summary of how each item was addressed
- 7. Effectiveness of the program's competency based assessment system
- 8. Effective assessment of the program's outcome measures (e.g., aggregate data) to identify improvement needs
- 9. Summary of program improvements that have been made
- 10. Program strengths and best practices

F. GMEC Responsibilities

- 1. Appoint Internal Review Committee members
- 2. Schedule internal review reports for presentation at GMEC (Internal Review Committee Chair/designee and program director must be present)
- 3. Determine action for deficiency correction and timetable
- 4. Document internal review summary in GMEC minutes
- 5. Provide follow-up as necessary



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: LEAVES OF ABSENCE

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To provide guidelines for leaves of absence for Grand Rapids Medical Education & Research Center (GRMERC) Residents temporarily unable to fulfill their training responsibilities.

POLICY:

CIRCUMSTANCES CONSIDERED FOR LEAVES

- A. Disability-Medical: Resident's own non-FMLA disability
- B. Military: Resident who enters active duty or annual reserve training in the United States military service
- C. Jury duty leave: For a Resident who is summoned/subpoenaed for jury duty by a court
- D. Bereavement: Death of an immediate family member
- E. Personal: Personal circumstances
- F. Non-FMLA leave for childbirth, or placement of a new child for adoption or foster care

LEAVE STATUS

- A. Non-FMLA Disability-Medical Leave
 1. Availability of leave: Disability-Medical leave is available to a Resident upon employment. Intermittent leave or leave on a reduced schedule for planned medical treatment is limited to situations as approved by GRMERC in its discretion.
 2. Notice of leave and documentation required: A Resident shall make a written request to his/her Program Director and Human Resources. Disability-Medical leave status will be granted based on a certification of disability from the Resident's responsible physician, subject to verification as provided in Paragraph A. 5 below. To be considered, the responsible physician's statement must certify that the Resident is unable to perform his/her job responsibilities, the probable length of disability, and other information as may be required by GRMERC in its discretion. Recertification of disability may also be required periodically, and is also subject to verification. GRMERC may require additional medical opinions as provided in Paragraph A. 5 below.
 3. Compensation and benefits: If approved for Disability-Medical leave, a Resident will have "wage continuation" at full regular stipend for the first 90 calendar days of the leave. (For disability leave reoccurring within 90 calendar days after return from a prior leave for the same or related condition, as determined by GRMERC in its discretion, the Resident will be entitled only to the balance of the 90 calendar days of wage continuation, if any is remaining). Wage continuation will be coordinated with any workers' compensation benefits to which the Resident may be entitled, by reducing the stipend by the amount of the workers' compensation benefits. After exhaustion of the

Leaves of Absence

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Issue Date 06/26/2000

GMEC Revised & Approved 06/25/01; 04/25/03; 06/25/04 v-01; 05/20/05 v-01; 05/19/06 v-02; 06/15/07 v-03; 05/16/08 v-04

wage continuation, the Resident may be eligible for limited compensation provided by an insured long-term disability policy. GRMERC will continue to provide health, dental, life and disability insurance benefits for up to the 90 calendar days of wage continuation. If the Resident does not return from the leave for reasons other than the Resident's continued disability or circumstances beyond the control of the Resident, GRMERC is entitled to recover from the Resident premiums paid for up to 90 days of the leave on behalf of the Resident. A Resident may continue, at his/her expense, health and dental benefits under COBRA.

4. Duration of leave: A non-FMLA Disability-Medical leave may be granted for the remaining duration of the Resident's contract period, up to a maximum of 12 months.
5. Verification of eligibility for leave: Eligibility for and duration of leave must be supported by documentation from the Resident's responsible physician, and periodic reports from the responsible physician may also be required. GRMERC may have the Resident evaluated periodically by physician(s) of GRMERC's choosing and at its expense, to verify the existence and nature of the disability, and the length of leave required. GRMERC reserves the right and discretion to rely on opinions(s) of physician(s) it chooses for independent medical examination(s).
6. Limitations of leave: A Resident shall not engage in any gainful employment or occupation during the leave without the prior written approval of the Program Director. Any such approval shall be based on the employment being consistent with the leave of absence. A Resident doing so without approval shall be considered to have voluntarily resigned.
7. Return from leave: A Resident shall be required to submit a release from his/her responsible physician as evidence of ability to resume job responsibilities prior to return to work. GRMERC reserves the right to have the Resident examined by physician(s) selected by GRMERC to determine fitness for duty, as provided in Paragraph A. 5 above.
8. Educational requirements: A Resident shall be required to complete any missed training time to fulfill specialty/subspecialty-specific Program Requirements and specialty board requirements. Requirement information is available from the Program Director or Coordinator, and on the Accreditation Council for Graduate Medical Education (ACGME) website or specialty board website.

B. Military Leave

1. Availability of leave: Military leave for service in the United States armed forces or for related and required military training is available to the Resident upon employment.
2. Notice of leave and documentation required: A Resident must promptly provide documented notice from the government to his/her Program Director and Human Resources.
3. Compensation and benefits: A Resident will receive compensation and benefits for weekend reserve and/or training and/or active duty up to a maximum of two weeks per year.
4. Duration of leave: A Resident will be granted leave time in accordance with the federal Uniformed Services Employment and Re-employment Rights Act (USERRA), and with applicable state law.
5. Limitations of leave: A Resident shall not engage in any gainful employment or occupation, other than his/her military commitment, during the leave without the prior written approval of the Program Director. Any such approval shall be based on the employment being consistent with the leave of absence. A Resident who does so without approval shall be considered to have voluntarily resigned.
6. Reinstatement from leave: The Program Director will determine the guidelines for returning to work, consistent with applicable federal and/or state law.

Leaves of Absence

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Issue Date 06/26/2000

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7. Educational requirements: A Resident shall be required to complete any missed training time to fulfill specialty/subspecialty-specific Program Requirements and specialty board requirements. Requirement information is available from the Program Director or Coordinator, and on the ACGME website or specialty board website.

C. Jury Duty Leave

1. Availability of leave: Jury duty leave is available to the Resident upon employment.
2. Notice of leave and documentation required: A Resident who is summoned or subpoenaed for jury duty must provide advance documented notice from the court to his/her Program Director and Human Resources.
3. Compensation and benefits: The Resident will receive compensation and benefits while on jury duty.
4. Duration of leave: A Resident will be granted leave time in accordance with the federal and state law, if applicable.
5. Limitations of leave: A Resident shall not engage in any gainful employment or occupation during the leave without the prior written approval of the Program Director. Any such approval shall be based on the employment being consistent with the leave of absence. A Resident doing so without approval shall be considered to have voluntarily resigned.
6. Return from leave: The Program Director will determine the guidelines for returning to work, consistent with applicable law.

D. Bereavement Leave

1. Availability of leave: Bereavement leave is available to a Resident upon employment.
2. Notice of leave and documentation required: A Resident shall advise his/her Program Director and Human Resources of an immediate family member's death. Appropriate documentation satisfactory to the Program Director and Human Resources may be required.
3. Compensation and benefits: An eligible Resident shall receive his/her regular stipend, and GRMERC will continue to provide health, dental, life, and disability benefits for the duration of the leave, subject to the limitations in Paragraph D. 4 below.
4. Duration of leave: An eligible Resident will be paid for scheduled shifts that are missed from the date of the immediate family member's death through the date of the funeral or other memorial service, up to a maximum of 3 shifts.
5. Immediate Family Members: Immediate family member is defined as the Resident's father, mother, husband, wife, legal guardian, brother, sister, son, daughter, step-parent, step-children, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents, and grandchildren.
6. Limitations of leave: The Program Director will determine if any additional limitations apply to bereavement leave.
7. Return from leave: The Program Director will determine the guidelines for returning to work.
8. Educational requirements: A Resident shall be required to complete any missed training time to fulfill specialty/subspecialty-specific Program Requirements and specialty board requirements. Requirement information is available from the Program Director or Coordinator, and on the ACGME website or specialty board website.
9. Principles: Bereavement leave and pay/benefits is meant to provide compensation to a Resident who needs to be absent from scheduled shifts due to a death in his/her immediate family. Time off and pay will be granted only when it is consistent with this purpose.

E. Personal Leave

1. Availability of leave: Personal leave is available to the Resident upon employment, but is subject to discretionary approval by GRMERC and the Program Director.
2. Notice of leave and documentation required: The Resident shall make a written request to his/her Program Director and Human Resources.
3. Compensation and benefits: The Resident will not receive his/her regular stipend for a personal leave. GRMERC will continue to provide health, dental, life, and disability benefits for the duration of the leave, or any approved portion thereof.
4. Duration of leave: The duration of leave may not exceed 30 consecutive days in a Resident's academic training year. If the Resident does not return from the leave, GRMERC is entitled to recover from the Resident benefit program premiums paid for during the leave on behalf of the Resident. The Resident may continue, at his/her expense, health and dental benefits under COBRA.
5. Limitations of leave: A Resident shall not engage in any gainful employment or occupation during the leave without the prior written approval of the Program Director. Any such approval shall be based on the employment being consistent with the leave of absence. A Resident doing so without approval shall be considered to have voluntarily resigned.
6. Return from leave: The Program Director will determine the guidelines for returning to work.
7. Educational requirements: A Resident shall be required to complete any missed training time to fulfill specialty/subspecialty-specific Program Requirements and specialty board requirements. Requirement information is available from the Program Director or Coordinator, and on the ACGME website or specialty board website.

F. Leave for Childbirth, or Placement of a New Child for Adoption or Foster Care

Non-FMLA leave due to childbirth will be treated the same as Disability-Medical Leave to the extent that the Resident is disabled due to childbirth. Requests for leave for a period of time that the Resident is not disabled will be treated as request for Personal Leave. (Experience has shown that the typical period of disability for childbirth is six weeks for a vaginal delivery and eight weeks for a C-section.)

Three days paid non-FMLA leave is provided to all residents for the birth of a child, adoption of a child, placement for adoption or placement of a foster child in the resident's home.

COORDINATION WITH FMLA-REQUIRED LEAVE

A Disability-Medical Leave or a Personal Leave may be leave that is covered under the FMLA. Time on a leave that is FMLA-covered will be counted against the Resident's FMLA entitlement. Please refer to the FMLA policy.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: MEDICAL LICENSURE

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To maintain compliance with state licensing regulations.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) requires each Resident to maintain a full license or educational limited license to practice medicine in the State of Michigan. In addition, the Resident needs to be registered under state and federal law to dispense any narcotics and other drugs required for the purposes of the Program.

The Resident shall immediately advise GRMERC and his/her Program Director if his/her license is, for any reason, suspended, terminated, or limited in any respect during the Term of the Resident's Agreement. The Resident shall be immediately removed from duty without pay if the Resident fails to maintain a valid license as identified in his Policy. The Resident may be reinstated into the Program upon providing proof of valid licensing. The reinstated Resident shall be required to complete any missed training time to fulfill program-specific and specialty board requirements.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: MOONLIGHTING

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To provide a consistent procedure for and monitoring of Moonlighting activities of the Residents.

POLICY: Residents may engage in Moonlighting activities outside of their resident training if this procedure is followed. Residents are not required or encouraged to engage in Moonlighting activities during their residency training.

Moonlighting activities are defined as any additional activities not identified in the Resident Agreement for which a Resident may receive compensation.

The Grand Rapids Medical Education & Research Center (GRMERC) and its Program Directors must pre-approve any proposed Moonlighting activities. GRMERC, in its sole discretion, may require a Resident to terminate any pre-approved Moonlighting activities. Moonlighting activities may not occur in the same hospital facilities that provide residency education, i.e., Saint Mary's Health Care, Spectrum Health-Blodgett Campus, Spectrum Health-Butterworth Campus and Helen DeVos Children's Hospital.

PROCEDURE:

- A. The Resident must complete and present to his/her Program Director the Resident Moonlighting Agreement prior to the start of any Moonlighting activities. This form must be completed annually (July – June) even if there is no change in the Resident's Moonlighting activities from one year to the next.
- B. Residents with J-1 visa status are not authorized to moonlight.
- C. The Resident acknowledges that while engaging in any Moonlighting activities, he/she is not acting as an employee or agent of GRMERC and accordingly, he/she is not covered by the Saint Mary's Health Care or Spectrum Health's professional liability insurance programs, or workers' compensation by GRMERC. The Resident must make arrangements to have appropriate professional liability insurance coverage and workers' compensation insurance coverage to apply to all Moonlighting activities.
- D. The Program Director will review and determine, in his/her discretion, whether the Moonlighting activity may potentially interfere with the Resident's educational experience and obligations under his/her Resident Agreement.
- E. Upon approval of the Resident's request, the Program Director will sign the Resident Moonlighting Agreement and place in the Resident's file. In contrast, if the Program Director determines that the

Moonlighting

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Issue Date 6/25/2000

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Resident's request potentially may adversely effect the Resident's educational experience and obligations under his/her Resident Agreement, the Program Director will indicate it on the Resident Moonlighting Agreement, and place the resulting denied request in the Resident's file. A copy of the signed Resident Moonlighting Agreement will be provided to the Resident. A copy of the signed agreement must be provided to GRMERC for the audit file.

- F. The Resident must provide the Program Director with sufficient information to allow the Program Director to monitor all his/her Moonlighting activities of his/her Residents for the effect of these activities upon performance.
- G. The Program Director will monitor the Resident's performance for effect of these activities. GRMERC, through its Graduate Medical Educational Committee (GMEC), may monitor all Moonlighting activities in addition to the monitoring which occurs during the internal review process.
- H. If the Program Director and/or the GMEC, in their sole discretion, determine that any previously-approved Moonlighting activities potentially may adversely affect the educational experience of the Residents or jeopardize the Accreditation Council for Graduate Medical Education Duty Hours guidelines, then GRMERC reserves the right to require immediate cessation of those Moonlighting activities, at its sole discretion.

**GRAND RAPIDS MEDICAL EDUCATION & RESEARCH CENTER
RESIDENT MOONLIGHTING AGREEMENT – 7-1-08**

Resident:	Beginning and End Dates:
Moonlighting Site:	
Address:	
City/State/Zip:	Phone:
Supervisor:	# of hours/month:

In accordance with the Grand Rapids Medical Education and Research Center GMEC Moonlighting Policy and the _____ Residency Moonlighting Policy (collectively, the "Policy"), I agree that I will, before engaging in any Moonlighting activities (as defined in the Policy):

- Secure a permanent controlled substance license and a permanent license to practice medicine from the state in which the Moonlighting activities will occur and to secure a federal controlled substance license.
- Obtain my own professional liability insurance and any required workers' compensation insurance for my Moonlighting activities.
- Complete the necessary credentialing requirements and documentation as identified by the organization for which I will be Moonlighting.
- Indemnify and hold harmless the Grand Rapids Medical Education & Research Center for Health Professions ("GRMERC"), Saint Mary's Health Care and Spectrum Health; their, officers, directors, members, agents, employees, successors and assigns from and against all claims, damages, losses and expenses (including attorney fees) arising as a result of my Moonlighting activities.
- Moonlight only on occasions that will not interfere with my educational experience and obligations under my Resident Agreement.
- Maintain a level of academic performance consistent with or above my program's written expectations.
- Comply with the ACGME Duty Hours guidelines addressing Moonlighting.
- Discontinue my Moonlighting activities immediately if my Program Director or GRMERC, through its GMEC, determines these activities are adversely affecting my educational experience and obligations under my Resident Agreement.

I understand and accept that when Moonlighting:

- I may not work in the same hospital facilities that provide any GRMERC residency education, including but not limited to, Saint Mary's Health Care, Spectrum Health-Blodgett Campus, Spectrum Health-Butterworth Campus and Helen DeVos Children's Hospital.
- I am not covered by Saint Mary's Health Care or Spectrum Health's professional liability insurance policies nor am I provided with workers' compensation by GRMERC.
- I may not prescribe using the Saint Mary's Health Care or Spectrum Health assigned DEA license number(s).

Authorization from GRMERC to engage in Moonlighting activities during my residency appointment is contingent upon compliance with the items listed in this Agreement and in the Policy. Violation of any term of this Agreement or of the Policy may result in the termination of my appointment/employment with the GRMERC.

Resident Signature:	Date:
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I will monitor this Resident's performance as a Resident, for the effect of this activity and including to determine any adverse effect of Moonlighting activities on the Resident's educational experience and obligations under his/her Residency Agreement, and withdraw my permission of this Moonlighting opportunity if the Resident's performance is adversely effected.

Program Director Signature	Date:
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Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: OPEN DOOR

EFFECTIVE DATE: 07/01/2007

OBJECTIVE: To provide Residents with avenues to address concerns within their residency program.

POLICY:

The Grand Rapids Medical Education & Research Center (GRMERC) is committed to providing an educational and work environment in which Residents may raise and resolve issues without fear of intimidation or retaliation. Residents are encouraged to discuss questions, suggestions, concerns, and problems with their Program Director.

- A. The Program Director's door is always open to his/her Residents who may want assistance with a work related question, suggestion, concern, or problem.
- B. The Resident should first discuss any work related question, suggestion, concern, or problem with his/her Program Director. If the matter is not resolved, or is of such a nature that Resident prefers not to discuss with Program Director, the Resident may bring the matter to the Director of Graduate Medical Education, Director of Human Resources and/or the Designated Institutional Official.
- C. Resolution of a matter will require communication and understanding of all involved parties.
- D. The Resident can expect response to his/her identified matter within a reasonable time frame.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: PARTICIPATION IN GMEC, INSTITUTIONAL, AND DEPARTMENTAL COMMITTEES AND COUNCILS

EFFECTIVE DATE: 07/01/2007

OBJECTIVE: To ensure residents have an opportunity to participate in institutional and departmental committee council activities including policy development.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) will develop and foster the regular involvement of Residents in institutional and departmental committee and council activities.

Resident representatives will be selected by their peers to serve as voting members of the Graduate Medical Education Committee (GMEC). The GMEC is the governing body responsible for formulating policies for Residents that are acceptable to the institution and in compliance with the regulations of the Accreditation Council of Graduate Medical Education. The GMEC also provides overall policy advice and develops educational programs for the Residents that transcend disciplinary lines.

Residents are encouraged to participate in Saint Mary's Health Care and Spectrum Health Hospitals clinical department meetings.



Grand Rapids
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GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: PROHIBITED SUBSTANCES

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: Grand Rapids Medical Education & Research Center (GRMERC) has a vital interest in maintaining a safe, healthful and efficient environment. The unauthorized possession, use or abuse of any drugs or alcohol or their effects in the work place poses an unacceptable risk to the safe, healthful and efficient performance of our responsibilities.

GRMERC recognizes that its mission is dependent upon the physical and psychological health of its Residents. Accordingly, it is the right, obligation and intent of GRMERC to maintain a safe, healthful and efficient environment for all of its Residents, and to protect its staff, its hospital partners and other medical institutions and their patients and staff, and GRMERC's own reputation, security, property, equipment and educational functions.

GRMERC is committed to providing all Residents with a workplace free of drug and alcohol abuse. There are resources available (a GRMERC-sponsored Employee Assistance Program and the Michigan Health Professional Recovery Program that can provide help for a Resident who needs assistance for alcohol and/or drug abuse. Contact Human Resources for more information.

GRMERC expects all Residents to abide by this Policy, and to report a conviction under any criminal drug statute.

POLICY:

DEFINITIONS

Controlled Substance is any substance defined by law as a controlled substance; see the federal Controlled Substances Act (21 U.S.C. 812) and the implementing federal regulation (21 C.F.R. 1308.11 – 1308.15).

Educational Institutions include GRMERC's university partners (currently Grand Valley State University and Michigan State University) and any other institution or service to which GRMERC assigns Residents.

GRMERC Time includes any period when a Resident is on duty, or is performing or expected to be performing or ready to perform work duties (including call) for GRMERC, whether or not the Resident is at his or her regularly assigned work location.

GRMERC Premises includes all property, facilities, land, building, structures, and fixtures owned or leased by GRMERC or used by GRMERC for any of its programs, and all premises owned, leased or used by the Hospitals or Educational Institutions.

Prohibited Substances

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Issue Date 06/25/2004

GMEC Revised & Approved 06/25/04 v-01; 07/16/04 v-02; 08/20/04 v-03; 10/15/04 v-04; 05/20/05 v-04; 06/15/07 v-05; 05/16/08 v-06

Hospitals include GRMERC's hospital partners (currently Saint Mary's Health Care and Spectrum Health Hospitals) and any other health care facility to which GRMERC assigns Residents.

Prescription Drug means a Controlled Substance for which a Resident has a properly authenticated prescription for the Resident's own therapeutic use.

Prohibited Substance includes (1) any drug except for a Controlled Substance when in compliance with all legal and Hospital requirements and appropriate therapeutic conditions, (2) mood or mind altering substances (legal or illegal), (3) any other non-prescription substance that affects or may affect the Resident's behavior, safety, alertness, coordination, judgment, or response, or the safety of the Resident or others, (4) the metabolites or residues of such substances, and (5) drug paraphernalia.

APPLICATION

This Policy applies to all Residents. The Policy shall apply to Residents when they are on GRMERC Time or GRMERC Premises, and covers certain specified conduct that takes place outside of GRMERC Time and off GRMERC Premises.

PROHIBITED CONDUCT

A. Compliance with Hospital Procedures for Controlled Substances

Residents must be familiar with, and comply with, all procedures of the Hospitals for proper therapeutic handling and use of Controlled Substances, whether or not on GRMERC Time or GRMERC Premises.

B. Conduct Prohibited On GRMERC Time or GRMERC Premises

1. Unauthorized use, consumption, possession, manufacture, distribution, dispensation, solicitation or sale of a Prohibited Substance or alcohol.
2. Storing any Prohibited Substance or alcohol in a locker, desk, office, personal container (briefcase, purse, etc.), vehicle, or other repository.
3. Being under the influence of or impaired by a Prohibited Substance or alcohol.
4. Failure to inform his/her Program Director of circumstances described below while using a Prescription Drug or over-the-counter medication.
5. Failure to keep a Prescription Drug or other Controlled Substance in its original container.

C. Conduct Prohibited Off GRMERC At ALL Times.

1. Possession, use, consumption, manufacture, distribution, dispensation, solicitation or sale of a Prohibited Substance or alcohol that adversely affects the Resident's work performance, his own or others' safety at work, or GRMERC's or the Hospitals' regard or reputation in the community.
2. Refusing to consent to a search or test, or to submit a sample for testing, when requested by GRMERC consistent with the requirements of this Policy.
3. Substituting or adulterating any body substance or specimen submitted for testing, or falsely representing that the body substance or sample fluid is the Resident's own sample.
4. Failure to notify GRMERC of any conviction under any criminal drug statute, whether or not the violation occurred on GRMERC's Time or Premises, within five days of the conviction.
5. Failing to adhere to the requirements of any substance abuse treatment or rehabilitation program in which the Resident is enrolled.

Prohibited Substances

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Issue Date 06/25/2004

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PRESCRIPTION DRUGS AND OTHER MEDICATIONS

If a Resident is using a Prescription Drug or over-the-counter medication which is known to or may cause impairment, he/she is responsible for being aware of any potential effect such use may have on his/her judgment or ability to perform duties. A Resident is responsible for promptly informing his/her Program Director if the use may cause impairment, or of any relevant circumstances affecting him/her while using a Prescription Drug or over-the-counter medication. GRMERC at all times reserves the right to have its physician determine if a Prescription Drug or other medication may impair work performance and may restrict the Resident's work activity accordingly.

TESTING AND SEARCHES

Testing and search procedures will be used to assure compliance with the Policy. The following procedures are in addition to, and do not replace or limit, any procedures under Hospital policies.

- A. **Testing for Prohibited Substances Other than Alcohol.** Applicants and Residents will be requested to submit samples for testing for illegal drugs and other controlled substances, which may include, but is not limited to, urine, saliva, blood, plasma, breath, hair follicle or other accepted testing procedures in the following circumstances:
 1. Applicants, as a condition of consideration for employment, after matched or an offer of employment has been made.
 2. If GRMERC has reason to believe that the Resident has used or is in possession of a Prohibited Substance.
 3. If GRMERC has reason to believe that the Resident has unauthorized possession of or has sold, purchased, manufactured, dispensed or distributed a Prohibited Substance on GRMERC premises.
 4. Any time following conviction of a crime involving a Prohibited Substance.
 5. Following an accident or incident in which safety precautions may have been violated or involving suspected improper or careless actions.
 6. While the Resident is subject to a "Last Chance Agreement."
 7. Random tests will normally be administered when required by law or regulation or a "Last Change Agreement" as provided for below. GRMERC, however, reserves the right to institute such testing upon written notice to Residents.
- B. **Testing for Alcohol.** Residents will be requested to submit to testing of breath, or other accepted testing procedures, in the following circumstances:
 1. If GRMERC reasonably believes that the Resident has used alcohol while on GRMERC Time or Premises, or that the Resident is impaired by alcohol.
 2. If GRMERC reasonably believes that the Resident has unauthorized possession of or has sold, purchased, manufactured, dispensed or distributed alcohol on GRMERC premises.
 3. Following an accident or incident in which safety precautions may have been violated or involving improper or careless actions.
 4. While the Resident is subject to a "Last Chance Agreement."
- C. **Searches.** A Resident's person and personal property will be subject to a search (1) if GRMERC has reason to believe the Resident has used or is in possession of, or has sold, purchased, manufactured, dispensed or distributed, a Prohibited Substances or alcohol while on GRMERC Time or GRMERC Premises, (2) at the discretion of GRMERC in searching for any contraband or weapons, or (3) pursuant to a "Last Chance Agreement." GRMERC has the right to inspect the contents of any GRMERC property being used by the Resident at any time.

Prohibited Substances

Page 3 of 4

Issue Date 06/25/2004

GMEC Revised & Approved 06/25/04 v-01; 07/16/04 v-02; 08/20/04 v-03; 10/15/04 v-04; 05/20/05 v-04; 06/15/07 v-05; 05/16/08 v-06

- D. Resident Privacy. Testing and searches will be conducted with due regard for the personal privacy of each Resident.
- E. Refusal to Submit to Tests or Searches. No test of a Resident or applicant, and no search of a Resident's person personal property, will be conducted without the Resident's consent. However, a Resident who refuses to submit to a test or search may be subject to disciplinary action up to and including dismissal.

ADDRESSING SUBSTANCE ABUSE PROBLEMS

Each Resident is expected to accept help in dealing with a substance abuse issue. GRMERC maintains an Employee Assistance Program (for information, contact Human Resources that can provide help for a Resident who needs assistance for alcohol and/or drug abuse and other personal and emotional problems. In addition, as a licensed health care professional a Resident is covered by the Michigan Public Health Code, which has its own Health Professional Recovery Program (HPRP) that requires reporting of a licensee who is reasonably believed to be impaired. (For more information on HPCP, contact 800-453-3784, www.hprp.org, or www.michigan.gov/hprp.)

A Resident may be required to participate in the HPRP as a condition of maintaining his or her license.

A Resident subject to termination by GRMERC for a violation of this Policy may, at GRMERC's sole discretion and without precedent, be offered the opportunity to enter into a "Last Chance Agreement." The primary objective of a Last Chance Agreement is to rehabilitate a Resident for drug dependency, abuse of alcohol, or health or certain behavioral problems.

Prohibited Substances

Page 4 of 4

Issue Date 06/25/2004

GMEC Revised & Approved 06/25/04 v-01; 07/16/04 v-02; 08/20/04 v-03; 10/15/04 v-04; 05/20/05 v-04; 06/15/07 v-05; 05/16/08 v-06



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: RESEARCH TRAVEL REIMBURSEMENT

EFFECTIVE DATE: 05/16/2008

OBJECTIVE: To establish standards for Grand Rapids Medical Education & Research Center (GRMERC) Residents travel reimbursement for approved research presentations.

POLICY: GRMERC will provide reimbursement up to \$3000 for a Resident/Fellow presenting his/her research at an APPROVED regional, national or international conference. In order to be eligible for reimbursement, the Resident must submit a copy of the completed checklist (page 2) and abstract to the GRMERC Research Department for final approval prior to submission to the conference. Funding will be available for one time only during a Resident's training period. The Program and/or Resident will be responsible for any costs that exceed the \$3000.

Reimbursement Procedure:

GRMERC will reimburse transportation costs (e.g., airfare, mileage, taxis), meals, lodging, and conference/registration fees according to the GRMERC Staff and Resident Reimbursement Policy.

GRMERC can assist with paying in advance for certain items such as lodging and meals (per diem), as well as reimburse for out of pocket expenses for travel prior to the meeting.

Requirements for funding:

- **ALL** abstract submissions to conferences must be reviewed and approved by the Program Director and/or the Program's Research Director, as well as the GRMERC Research Director, BEFORE submission.
- Presentation must be based on results from an IRB APPROVED project initiated within a GRMERC-sponsored residency/fellowship, and completed during the training period
- The Resident/Fellow must be in good academic standing
- PGY 2 level or higher
- First author/presenter (w/significant contribution to planning, data collection & design)
- Funding will not be available for case report presentations
- Funding will not be available subsequent to graduation from the program

The Resident/Fellow will be expected to submit this research as a manuscript to a peer-reviewed journal.

PGY-1 Residents interested in presenting may be considered provided the GMEC and sponsoring residency program agree it is a valuable academic experience.

Posters:

GRMERC will continue to cover the cost of posters for presentations.

RESEARCH TRAVEL REIMBURSEMENT – RESIDENT CHECKLIST

Please submit this completed checklist and your abstract to the GRMERC Research Department for final approval before submission to the meeting.

Name (print): _____

Program: _____ Program Year: _____

Project Title: _____

Conference: _____

Location: _____

Conference Dates: _____

Presentation Format: _____ Poster _____ Oral

Project is IRB approved – IRB# _____

Project was initiated during GRMERC residency training

The resident/fellow is in good academic standing

Resident is a PGY 2 level or higher

Resident is first author and made significant contribution to planning, data collection & design

Project is not a case report

Abstract was reviewed and approved by Program Director and/or the Program's Research Director before submission

Conference was approved prior to submission

Resident signature & Date

Program Director signature & Date

GRMERC Research Director signature & Date

Finance Director signature & Date



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: RESTRICTIVE COVENANTS

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To protect resident education from inappropriate competition.

POLICY: Neither the Grand Rapids Medical Education & Research Center, as the Sponsoring Institution, nor its residency programs may require Residents to sign a non-competitive agreements.

Restrictive Covenants

Page 1 of 1

Issue Date 06/26/2000

GMEC Revised & Approved 06/25/01; 04/25/03; 05/21/04 v-01, 05/20/05 v-01; 04/20/07 v-02; 03/21/08 v-03



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: ROTATION SCHEDULE CHANGES

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To provide a standard format for the Resident requesting a rotation schedule change.

POLICY:

- A. All requests for schedule changes shall be made at least 30 days prior to the month in question.
- B. Changes to the master rotation schedule shall be reviewed and approved at the exclusive discretion of the requesting Resident's Program Director.
- C.
 1. Rotation schedule change requests may be emailed to the Scheduling Manager or presented in written form.
 2. All rotation schedule change requests will be reviewed and approved by the Resident's Program Director, Chief Resident and Program Director of the services the Resident will be leaving and requesting to rotate to.
 3. If proper approvals have been completed, the Scheduling Manager will confirm the rotation schedule change via email to all appropriate parties.

Steps 1-3 above must be completed before the rotation schedule change request will be considered final.

The Program Director, in his/her discretion, may deny a rotation schedule change request, if for example it would disrupt the rotation in question. Emergent situations requiring rotation schedule changes after the 30-day limit will be reviewed and acted on at the discretion of the appropriate Program Director(s) and the Scheduling Manager.



Grand Rapids
MEDICAL EDUCATION &
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for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

**SUBJECT: SPONSORING INSTITUTION CLOSURE, RESIDENCY PROGRAM CLOSURE,
POSITION REDUCTION, AND ACTIONS TAKEN BY ACGME/RRC'S**

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To provide a procedure for notifying Residents of the sponsoring institution and/or a residency program closure, a residency program position reduction or the sponsoring institution and/or residency accreditation status.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) will promptly notify the Residents in the event of a closure of the sponsoring institution or a residency program. GRMERC will promptly notify the Residents of any position reductions or accreditation changes. GRMERC or residency program will also promptly notify the Residents when actions are taken by the Accreditation Council for Graduate Medical Education and/or Residency Review Committees (ACGME/RRC).

If the ACGME/RRC withdraws accreditation of the sponsoring institution or a residency program, or if a decision is made voluntarily to close a residency program, Residents will be notified in writing by the GRMERC President & CEO and/or Program Director of the impacted residency.

GRMERC must make reasonable efforts to allow Residents already in the program to complete their education. If this is not possible, GRMERC will assist displaced Residents in identifying programs in which they may continue their education.

GRMERC may, in its discretion, elect to continue salary and benefits according to the Resident Agreement.



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: SUPERVISION

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To establish guidelines for appropriate supervision of residents in patient care activities.

POLICY: The Grand Rapids Medical Education & Research Center (GRMERC) residency programs will provide all Residents with appropriate supervision that is consistent with proper patient care, the educational needs of the Residents, and all Institutional Requirements, Common Program Requirements, and specialty/subspecialty-specific Program Requirements of the Accreditation Council for Graduate Medical Education.

All patient care will be supervised by faculty, with such supervision designed to ensure safe and effective patient care as well as ensuring Residents assume progressively increasing responsibility according to their level of education, competence, and experience. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. On-call schedules for faculty must be structured to ensure that consultation and supervision is readily available to Residents on duty. The level of responsibility assigned to each Resident must be determined by the Program Director and faculty. GRMERC Program Directors are responsible for ensuring, directing and documenting adequate supervision of Residents at all times.



Grand Rapids
MEDICAL EDUCATION &
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for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: TIME OFF FOR CALL REQUESTS, VACATIONS, INTERVIEWS, CONFERENCE ATTENDANCE, AND ILLNESS

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To establish consistent guidelines for Grand Rapids Medical Education & Research Center (GRMERC) Residents to request time off for vacations, interviews, conference attendance, interviewing, and illness reporting.

POLICY:

Call Requests

- A. Call requests must be submitted by the Resident to the residency program office of the rotation at least one month prior to the start of the rotation.
- B. Call requests will be granted on a first come basis.
- C. Call requests may be denied if too many requests have been made for the same or similar dates during the rotation; the granting of the requests will impact duty hours for the requesting Resident or the other Residents on the rotation; and/or if the Resident requests an excessive amount of requests during the rotation.

Vacations

- A. Residents at all levels will be granted up to 15 weekdays of vacation per Resident Agreement Term. One weekend contiguous with a five-day (Monday – Friday) vacation must be granted as protected time (i.e., excluded from averaging for 1 in 7 days off, every 3rd night call, and 80 hours per week). All other weekend days off will be considered through call requests.
- B. Vacations should be requested 60 days prior to the start of the month for which the vacation is requested.
- C. The Resident's home Program Director will determine whether a vacation may be taken based on the educational value of the rotation during which the Resident is requesting vacation.
- D. The host Program Director will determine the number of allowable vacations for the identified rotation(s) according to duty hour rules and consistent with maintaining quality educational

Time Off for Call Requests, Vacations, Interviews, Conferences Attendance, and Illness

Page 1 of 3

Issue Date 06/26/2000

GMEC Revised & Approved 03/26/01; 04/16/04; 05/21/04 v-01; 06/17/05 v-05; 07/08/05 v-06; 06/15/07 v-07; 05/16/08 v-11

experiences for all Residents assigned to the rotation. Competing vacation requests will normally be considered in the order in which the requests were received. The host Program Director may suggest alternative dates if competing vacation requests may not be approved.

- E. The Resident will complete and submit the Time Off Request form to his/her home residency office for approval from the home Program Director and processing by the Residency Coordinator. Time off requests must be processed within a reasonable time of the date initiated.
- F. Residents arranging travel prior to the approval of his/her vacation request will be responsible for any financial obligations incurred should the request be denied.
- G. Residents are strongly encouraged to take five vacation days prior to November 30 and the balance by the end of the academic year. Vacation time is not cumulative and may not be carried over from one academic year to the next. The Resident will not be reimbursed at the end of the appointment term for any unused time.
- H. No vacations will be approved during December. Residents will be granted five calendar days of leave to be used for the December/January winter break. Requests to utilize this time other than as intended will be at the discretion of the Resident's Program Director and must be taken within the Resident's home program rotations.
- I. No vacations will be allowed during the last two weeks of June except those of graduating residents. Vacation requests from non-graduating residents may be allowed at the discretion of the Resident's Program Director and only if the Resident is assigned to their home program rotations. Graduating Residents **must** use vacation when leaving before June 30 (or the end date of their Residency Agreement).
- J. Vacation and winter break time must not be included in available work time when determining duty hours.
- K. In the event of unusual or emergent circumstances, the home and host Program Directors, and Chief Resident(s) in the department(s) involved will review the circumstances and determine an outcome.

Conference Attendance

- A. Residents at the PGY-2 and above levels will be granted five weekdays for conference attendance. Residents at the PGY-1 level should contact their respective Program Directors for approval of participation in one day conferences.
- B. The Resident must provide his/her Program Director with the conference information and obtain written approval from his/her Program Director prior to requesting time off. Residents arranging travel prior to the approval of his/her request for time off will be responsible for any financial obligations incurred should the time off request be denied.

- C. Following the home Program Director's approval of the conference, the Resident must complete and submit the Time off Request form to his/her home residency office for approval from the home Program Director and processing by the Residency Coordinator. Time off requests will be processed within a reasonable time of the date initiated.
- D. The Resident must complete and submit an expense report to the Program Director/Coordinator for signature approval within 30 calendar days following the completion of travel. Expense reports will be processed according to the GRMERC Education Conference Travel and Reimbursement Policy. All reimbursement requests must be submitted prior to the close of the fiscal year (June 30). Unused conference funds are not cumulative and do not carry over from one fiscal year (July 1 – June 30) to the next.
- E. Participation in humanitarian medicine may be substituted for conference attendance. Residents selecting humanitarian medicine in lieu of conference attendance will follow the same approval process as required for attending a conference and may be subject to program specific policy. In addition, Program Directors may allow Residents to utilize conference funding for travel relating to the humanitarian medicine.
- F. Conference time is not cumulative from one academic year to the next. The Resident will not be reimbursed at the end of the appointment term year for any unused time.

Professional Interviewing

- A. Three administrative days will be allowed for professional interviewing. Additional time may be approved at the discretion of the Program Director.

Illness

- A. Illness allotment will be up to five days (including weekday and weekends) per academic year for Residents at all levels.
- B. In the event of absence due to illness, the Resident must promptly contact his/her home residency program office and the host program's Chief Resident (if applicable).
- C. If the Resident is absent and/or incapacitated due to illness for three consecutive days, the Resident's program office must contact the Human Resources Department personnel who will initiate the appropriate FMLA documentation for the Resident's processing and signature in accordance with the GRMERC GMEC Leaves of Absence and FMLA policies.
- D. A Resident failing to notify the appropriate personnel and/or utilizing more than the allotted time may be subject to corrective action.
- E. Illness time is not cumulative and may not be carried over from one academic year to the next. The Resident will not be reimbursed at the end of the appointment term for any unused time.



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: WORK ENVIRONMENT

EFFECTIVE DATE: 07/01/2008

OBJECTIVE: To establish standards for the Resident's educational and work environment.

POLICY:

- I. The Grand Rapids Medical Education & Research Center (GRMERC), as the Sponsoring Institution, and its residency programs will provide an educational and work environment in which Residents may raise and resolve issues without fear of intimidation or retaliation. GRMERC will support:
 - A. A framework for Residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues, and
 - B. A process by which a Resident can address concerns, do so confidentially to avoid retaliation.
- II. GRMERC, in association with Saint Mary's Health Care and Spectrum Health Hospitals, will provide Residents with services and health care delivery systems that minimize Residents' work that is extraneous to their educational goals and objectives. This will be accomplished by providing:
 - A. Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services appropriate to and consistent with educational objectives and patient care;
 - B. Effective laboratory and radiological information systems for appropriate conduct of the educational programs and quality and timely patient care; and
 - C. Medical records systems that document the course of each patient's illness and care, available at all times and adequate to support the education of Residents, quality assurance activities, and scholarly activities undertaken by Residents.
- III. GRMERC, in association with Saint Mary's Health Care and Spectrum Health Hospitals, offers a healthy and safe work environment for all Residents. This will be accomplished by providing:
 - A. Appropriate food services 24 hours a day while on duty in hospitals;
 - B. Adequate and appropriate call rooms that are safe, quiet and private; and
 - C. Appropriate security and personal safety measures in all locations, including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.

Work Environment (Previously: Supervision, Duty Hours and Work Environment)

Page 1 of 1

Issue Date 06/26/00

GMEC Revised & Approved 06/25/01; 02/21/03; 04/25/03; 06/25/04 v-01; 05/20/05 v-02; 06/15/07 v-03; 04/18/08 v-04



SUBJECT: ACCOMMODATION

OBJECTIVE: To comply with employment laws requiring an employer to provide a reasonable accommodation.

POLICY: GRMERC will comply with its obligation under applicable laws to provide a reasonable accommodation. These laws include the Americans with Disabilities Act (ADA), the Michigan Persons With Disabilities Civil Rights Act (MPWDCRA), and Title VII of the Civil Rights Act of 1964 (Title VII). The ADA and the MPWDCRA provide for reasonable accommodation of a person's disability. Title VII provides for reasonable accommodation of a person's sincerely held religious beliefs or practices. No accommodation is required unless a reasonable one is available, or if it would cause an undue hardship on GRMERC.

A request by an employee [or applicant] for a reasonable accommodation must be made to the Director of Human Resources. Each request will be considered based on the individual circumstances involved. Failure to request an accommodation in writing within 182 days after the person is aware of the need can affect the availability of an accommodation under the MPWDCRA.



Professional Conduct Compliance Policy

September 2005

Grand Rapids Medical Education and Research Center (GRMERC) is committed to ethical and legal conduct that is compliant with all relevant laws and regulations, and to correcting oversights or wrongdoing wherever they may occur in our organization.

GRMERC, including all staff and resident physicians, must consistently perform our work and conduct our business with the highest integrity and ethical behavior. Conducting ourselves with the highest integrity and ethical behavior is a condition of employment.

GRMERC expects the actions of our organization to reflect the highest of standards.

GRMERC is committed to providing all staff and resident physicians with the ability to report any suspected wrongdoing by a GRMERC employee, contractor, agent, business associate, vendor, consultant, faculty, or provider organization. Each employee of GRMERC has an obligation to report potential noncompliance. There will be no retribution or retaliation for asking questions, raising concerns or reporting possible improper conduct.

To obtain guidance on an ethics, conduct, regulatory or compliance issue or to report a suspected violation, you may contact the Compliance Officer at GRMERC or at the host hospital or health facility where you are working:

- Peter G. Coggan, MD, President & CEO of GRMERC - 616-391-6210
- Bridget Tucker Gonder, VP Risk & Compliance Administration and System Compliance Officer, Spectrum Health - 616-391-2762 or the Compliance Hotline at 877-319-0266
- Mark Iverson, Director, Organizational Integrity, Saint Mary's Health Care 616-752-6164 or the Integrity Hotline at 866-477-4661

Issues can be reported to the host hospital hotlines 24 hours a day, 7 days a week. Callers have the option of remaining anonymous. The hotline service provider will ensure that a report detailing the issue is routed to the appropriate organization/person. All reported issues will be fully investigated.

GRMERC Compliance Policy v05 updated 062007



Grand Rapids
MEDICAL EDUCATION &
RESEARCH CENTER
for Health Professions

RELOCATION LOAN – APPLICATION

Today's Date _____

Full Name (Last, First, Middle) _____

Hire Date _____

Position/ Program/Department _____

Moving from address _____

Have you established legal residence and employment in the United States? _____

If not, when will that be accomplished? _____

Loan amount requested, in US dollars \$ _____
(The total loan amount is available in increments of \$250.00 up to a maximum amount of \$2,000.00 US)

New west Michigan address and phone number:

Relocation Loan Applicant Signature & Date:

Return Completed Application to GRMERC, Human Resources Department, 1000 Monroe Ave. NW, Grand Rapids, MI 49503.

Approval Signatures and Date:



Relocation Loan – New Employees

To better enable the transition into our community for new in-coming employees (staff and residents), GRMERC establishes a Relocation Loan with the following criteria:

To Qualify:

- Employee must be new to the GRMERC organization effective January 1, 2006 or later.
- Employee must be new to the community of western Michigan, moving in from outside Kent County, Michigan, USA.
- If coming to GRMERC employment from outside the United States, the employee must have established legal residence/employment in the US to be eligible for this loan.
- Employee will be required to sign a promissory note.
- Payback of the loan will be through payroll deduction.
- Employee must make application for this Relocation Loan specifying the dollar amount within 2 weeks of their employment start date with GRMERC.

Specifics:

- The total loan amount is available in increments of \$250 up to a maximum loan amount of \$2,000 US dollars per household. Monies payable no sooner than two weeks prior to start of employment.
- Payroll deduction payback will be at the rate of \$125.00 per pay period until balance due is paid in full.
- Payback/payroll deduction would start the first full paycheck following disbursement of funds to the recipient.
- No interest will be charged.
- If the employee leaves employment with GRMERC for any reason including termination, the remaining unpaid balance of the Relocation Loan would be taken from the last paycheck, providing adequate funds are available. In the



event funds are not available to meet the obligation, the unpaid balance will be due in full and will be invoiced to the recipient.

Approval Process:

- Relocation Loan Application is to be approved by Director of Human Resources and Director of Finance.
- Approved Relocation Loan Application is processed by Human Resources/Payroll.
- Promissory Note must be signed before payment of loan funds will be made to the employee
- Acknowledgement of approval and processing will be provided to the employee.
- A paid Promissory Note will be provided to the employee when loan has been repaid in full.



Weapons Policy

Objective: To avoid the danger associated with the presence of weapons in the workplace.

State law does not allow a person to carry a concealed pistol in certain places, including hospitals. In addition, GRMERC strictly prohibits the possession of any weapons on GRMERC premises, on hospital premises, or while conducting GRMERC business. This prohibition applies to all weapons, including firearms, bow, knives, and any other object that is designed or intended as a weapon or that may be used as a weapon. This policy also prohibits employees from carrying any concealed weapon, regardless of whether the carrier has a valid permit to carry it. A permit to carry a concealed weapon does not allow an exception to this policy. Violation of this policy will result in disciplinary action, up to and including termination of employment.



Spectrum Health

Administrative Policy

Subject: Patient Photography, Videotaping and Imaging

Original Effective Date: 03/07/06

Policy #: ADM-P00-S2213

Last Reviewed / Revised Date:

X Applies to All Listed Below:

Limited to Those Specified:

<input type="checkbox"/> Blodgett Campus	<input type="checkbox"/> Butterworth Campus
<input type="checkbox"/> South Pavilion (Non-Surgical)	<input type="checkbox"/> Outpatient Surgical Centers
<input type="checkbox"/> DeVos Children's Hospital	<input type="checkbox"/> Resident & Specialty Practices
<input type="checkbox"/> Aero Med at Spectrum Health	<input type="checkbox"/> Occupational Services
<input type="checkbox"/> Urgent Care Centers	

Department/Service/Other: (specify)

Purpose: To define circumstances under which photography of patients is permitted

Responsibility: All Spectrum Health employees and staff

Policy Content:

Definition: Throughout this policy the term "photography" will be used for any such recording of a patient's image or likeness, including but not limited to, photography via camera, telephone or other image producing device

I. Photography for any purpose: Photography may be discontinued or not permitted by Spectrum Health Staff responsible for the care of the patient if it interferes with patient care or treatment.

II. Photography for Clinical Purposes

A. Photography generated or maintained as a record of care

1. Written authorization for photography generated or maintained as a record of care is not required for inclusion in a patient's medical record.
2. The patient's consent for treatment and acceptance of the Notice of Privacy Practices for Spectrum Health authorizes use of photography for treatment, payment and health care operations.

B. Photography for education or teaching

1. Written authorization by the patient is not required when photographs or other images of the patient are used or disclosed to medical and hospital staff for review and learning purposes as described in the Notice of Privacy Practices for Spectrum Health.

2. Photography for other education or teaching purpose by or for any non- Spectrum Health staff or personnel must have written authorization by the patient.
3. The approved authorization form, "Authorization and Release for Patient Photography, Image or Likeness"(X06049), should be completed for this purpose, and the completed form should be filed with the patient's medical record.
4. A new photography authorization form must be signed each time the purpose for the photography changes. This form remains valid unless and until the patient or the patient's authorized representative withdraws or restricts the authorization, except to the extent Spectrum Health has already taken action in reliance of the authorization.

C. Photography for Documentation of Abuse or Neglect

1. Photographs taken to document abuse or neglect do not require written authorization from the patient.
2. These photographs may be submitted to the investigating agency but should not be used for other purposes without patient authorization.

D. Photography as Part of a Research Protocol

1. Photography as part of a research project must be approved by the Institutional Review Board (IRB).
2. Authorization for such photography must be incorporated into the consent form the patient signs to participate in the research project

III. Photography for Non-Clinical Purposes

A. Photography by the Patient's Family or Friends

1. Written authorization by the patient is generally not required when photographs or other images of the patient are taken by patients' family and/or friends. This includes cellular phones with camera capabilities. However, the patient or patient's authorized representative may restrict any such photography.
2. Patient photography is not permitted during any procedure or treatment unless specifically authorized by the care giver
3. Photographs of any person other than the patient must have the written permission of that person.

B. Photography by News Media or Law Enforcement

1. Permission to photograph patients may be given to news media and law enforcement agencies under the following conditions:
 - a. The patient or patient's authorized representative signs a written authorization form agreeing to the photography and
 - b. The patient's physician does not feel it would be detrimental to the patient.
 - c. Spectrum Health Corporate Communications Department should be notified of requests for photography by the new media.

C. Photography for Publicity or Marketing Activity for Spectrum Health

1. Written authorization must always be obtained before using a patient's photograph or likeness for any type of publicity or marketing activity.
2. Authorization for the above purposes must be obtained even if the patient is not identified by name.
3. Spectrum Health Corporate Communications Department must initiate or be contacted whenever there is a request for photography for marketing or publicity for Spectrum Health.

4. The patient must sign the approved patient photography authorization form (X06049). The completed patient photography authorization form should be filed with the patient's medical record.
5. The patient may also be requested to complete the Spectrum Health Communications and Marketing department form which is maintained in the Marketing and Communications department.
6. A new photography authorization form must be signed each time the purpose for photography changes. This form remains valid unless and until the patient or the patient's authorized representative withdraws or restricts the authorization, except to the extent Spectrum Health has already taken action in reliance of the authorization.

D. Photography for publicity or marketing activity for other than Spectrum Health

1. A non-Spectrum Health entity (third party) desiring to use a patient's photograph or likeness for any type of publicity or marketing activity must obtain the patient's written consent. The approved Spectrum Health patient photography form should not be used for this purpose.
2. The above authorization process must be initiated by the third party using an authorization form that has met Spectrum Health established standards for this activity. Risk & Compliance Administration must review any third party consent form before submitting for the patient's signature.

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy/procedure at any time without prior notice and in compliance with Administrative Policy: Policy and Procedure Structure, Standards and Management.

Authored by: Kathryn Creek, RN, BSN, Risk Consultant, Risk & Compliance Administration (3/06)

Reviewed by: Deborah Stephens, RN, JD, Senior Risk Management Consultant, Risk & Compliance Administration (3/06)
Virginia Kuilema, Senior Compliance Auditor, Risk & Compliance Administration (3/06)

Hala Helm, Director Risk & Compliance Administration (3/06)

Gary Lacher, System Director, Privacy & Information Security (3/06)

Kathy Vanrhee, Director Patient Care Services (3/06)

Paula Mackenzie, Systems Director Public Relations (3/06)

Liz Fredrickson, Director Patient Relations (3/06)

Administrative Manual Policy Committee (03/06)

Approved by: Bridget Tucker Gonder, Vice President System Risk & Compliance Administration
Administrative Manual Policy Committee (3/06)

References: Spectrum Health Notice of Privacy Practices
Form X06049, Authorization for Creation, Preservation, Use and Disclosure of
Visual Protected Health Information
Cell Phone, Two-Way Pager Policy

Key Words: Photography, videotaping, imagery, authorization, media, photo



Memorandum

Date: March 20, 2007

To: Anesthesiologists
Allied Health Professionals
Perioperative Services Staff
Residents
Surgeons

From: David Dull MD
Perioperative Medical Director
Linda Fox RN, MHA
Director of Perioperative Services
OR Committee

RE: Perioperative Credo

Over the past several months physicians, managers and staff in the perioperative department have worked together to define how we interact and communicate with each other. This initiative was undertaken because it is clear that effective communication is important to creating an efficient, safe environment where patient, staff and physician satisfaction is maximized.

As a result of this effort, a Perioperative Credo has been developed by perioperative physicians, managers and staff. The OR Committee and Perioperative leadership have reviewed and approved this document.

It is our expectation that this credo will guide how we all treat each other in Periop and it sets team standards for all of us as we deliver exceptional care to our patients. It sets the standards by which our communications and behavior will be evaluated in the future.

Please review the attached Credo. If you have comments or suggestions please feel free to contact David Dull at 391-1568 or Linda Fox 391-1512.

Attachment



Spectrum Health

Perioperative Credo

Statement:

Professional and ethical behaviors and adherence to the Core Values of Spectrum Health is expected of each member of Perioperative Services. Practitioners and hospital staff are members of the same health care team, and agree to the following principles and guidelines to promote quality, safe health care, and healthy working relationships.

Respect and Integrity:

- Treat all members of the health care team and customers with courtesy, dignity, and respect at all times
- Respond promptly and professionally to requests from patients, co-workers and fellow practitioners
- Respect patient's confidentiality and privacy; Abide by HIPPA regulations and Spectrum Health's policies regarding patient privacy and confidentiality
- Demonstrate tolerance for individual religious differences
- Refuse to engage in inappropriate behavior, including, but not limited to:

Sexual harassment or innuendo, including sexually-orientated or degrading jokes
Unwanted touching or inappropriate physical contact
Abusive or sarcastic language towards others
Threatening others with violence, retribution, litigation or financial harm
Making racial, religious, or ethnic slurs
Intimidating actions, body language, or comments
Using vulgar or rude language or shouting
Demeaning, condescending, or shaming criticism
Negativity

Teamwork:

- Exhibit behaviors which promote and role model an environment of collaboration and cooperation
- Stress is inevitable in the hospital environment; Team members should support each other at times of peak stress and together resolve an occasional lapse of decorum
- Concerns regarding another's behavior, performance or competence should be addressed through the proper channels/means established by the organization for this purpose
- Team members agree to provide feedback in a timely manner through appropriate channels when concerns or disagreements arise

Compassion and Excellence:

- Always provide the best and most efficient care
- Participate in continuing education and maintain professional knowledge and skills
- Create a successful future by being open to new ideas and change initiatives
- Practice with compassion and respect for the inherent dignity, worth and uniqueness of each individual

I will abide by these principles and behaviors to promote the highest quality health care for patients and professional relationships with co-workers.



Spectrum Health

Administrative Policy

Subject: Internet Acceptable Use**Policy #:** ADM-100-S0454

Original Effective Date: 02/22/00

Last Reviewed / Revised Date: 01/09/06

 Applies to All Listed Below: **Applies Only to Spectrum Health Hospitals: (*all those indicated by asterisks)** **Limited to Those Specified:**

<input type="checkbox"/> Blodgett Campus*	<input type="checkbox"/> Butterworth Campus*
<input type="checkbox"/> South Pavilion (Non-Surgical)*	<input type="checkbox"/> Outpatient Surgical Centers*
<input type="checkbox"/> DeVos Children's Hospital*	<input type="checkbox"/> Resident & Specialty Practices*
<input type="checkbox"/> Aero Med at Spectrum Health	<input type="checkbox"/> Occupational Services
<input type="checkbox"/> Urgent Care Centers	

Department/Service/Other: (specify)**Purpose:**

The Purpose of the Spectrum Health Internet connection is to support the research, educational and business needs of the healthcare organization. With this access comes the responsibility to use the Internet appropriately within the healthcare setting, and to recognize that the hardware and software are the property of Spectrum Health. This policy applies to all workforce members (employees, contractors, consultants, temporaries, volunteers, etc.) and customers who use the Internet with Spectrum Health computing or networking resources, as well as those who represent themselves as being connected, in one way or another, with Spectrum Health. All Internet users are expected to be familiar with and comply with this policy. It is also the responsibility of all staff to report any misuse of the Internet by other individuals to their manager. Violations of this policy can lead to revocation of system privileges and/or disciplinary action up to and including termination.

In this policy, the term "Internet" includes all communications and connections to computers external to Spectrum Health. This includes the WorldWide Web (WWW), File Transfer Protocol (FTP), Telnet, bulletin boards, List Serves, Newsgroups, chat rooms, instant messaging services, and e-mail, etc.

Policy:

Spectrum Health's good name and reputation are valuable assets. Improper representation on the Internet can harm Spectrum Health's reputation if messages are construed as official organizational policy and/or position. Communications on the Internet will usually include a suffix "spectrum-health.org", and may be forwarded to unintended or unknown recipients. Misrepresenting, obscuring, suppressing, or replacing a user's identity on the Internet or any Spectrum Health electronic communications system is forbidden. The user name, electronic mail address, organizational affiliation, and related information included with messages or postings must reflect the actual originator of the messages or postings. Internet users must comply with all applicable Spectrum Health policies including

those covering age\sexual harassment, discrimination, public statements, email usage, etc., when communicating over the Internet, regardless of method (online form, email, newsgroup, etc.).

The Center for Medicare and Medicaid Services (CMS) prohibits many types of Internet communication for transmission of confidential patient information in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any information that is capable of identifying a patient cannot be communicated over the Internet without special security provisions facilitated by Information & Technology Management.

I. Acceptable Usage

- A. Use of Internet resources for authorized purposes which will support and further the business objectives of Spectrum Health.
- B. Only accessing files and data that belong to the user, or are publicly available, or to which the user has been given authorized access.
- C. Only using legal versions of copyrighted software in compliance with vendor license agreements.
- D. If Internet accessible software is required for business purposes, the download and installation must be approved and performed by Information & Technology Management...Spectrum Health maintains log files of Internet activity, including site visits and transmissions.

II. Unacceptable Usage

- A. Using Internet services for illegal purposes even if corporate policy does not explicitly cover all situations or seems to permit it.
- B. Using another person's name, password, files or data or otherwise misrepresenting your identity to users on the Internet.
- C. Transmitting, posting, or submitting confidential information unless for authorized purposes while using sufficient security precautions approved or facilitated by I&TM.
- D. "Hacking" or using computer programs or devices to circumvent, subvert or disable any security measures of external or internal computer networks.
- E. Accessing offensive material, playing games and other non-business related activities, diverts staff from their duties and responsibilities and will not be tolerated.
- F. Intentionally engaging in any activity that might be harmful to computer or network systems or any of the information stored thereon...this includes creating or propagating viruses or worms, disruption or denial of services by intentionally overloading critical network systems or damaging files.
- G. Downloading non-business related programs from the internet...applications, games, screensavers, etc.
- H. Using the Internet to access streaming content, such as movies or radio broadcasts, unless it is specifically for a work-related activity.

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy/procedure at any time without prior notice and in compliance with Administrative Policy: Developing or Revising Policy & Procedure Manual Content.

Authored by: Gary Lacher, Chief Privacy & Information Security Officer (11/02)
Tom Markoski, Security Analyst (02/00)
Ed Koller, Director, I&TM Application Support and Development (02/00)
Michael Dobb, Manager, Clinical Informatics (02/00)
John Patacky, Manager, Network Services (02/00)
Mark Camacho, Manager, Data and Access Management (02/00)
Joan DeVries, Project Manager (02/00)
Julie Withorn, Project Manager (02/00)

Reviewed by: Patrick O'Hare, SVP and CIO (01/06)
Administrative Manual Policy Committee (01/06)

Approved by: Patrick O'Hare, SVP and CIO (01/06)
Administrative Manual Policy Committee

References: Information Security Policies, Version 7, Charles Cresson Wood, 1999.

Key Words: Corrective Action



Spectrum Health

Administrative Policy

Subject: Intranet Web Page Acceptable Use**Policy #:** ADM-I00-S0452

Original Effective Date: 02/22/00

Last Reviewed / Revised Date: 01/10/06

 Applies to All Listed Below: **Applies Only to Spectrum Health Hospitals: (*all those indicated by asterisks)** **Limited to Those Specified:**

<input type="checkbox"/> Blodgett Campus*	<input type="checkbox"/> Butterworth Campus*
<input type="checkbox"/> South Pavilion (Non-Surgical)*	<input type="checkbox"/> Outpatient Surgical Centers*
<input type="checkbox"/> DeVos Children's Hospital*	<input type="checkbox"/> Resident & Specialty Practices*
<input type="checkbox"/> Aero Med at Spectrum Health	<input type="checkbox"/> Occupational Services
<input type="checkbox"/> Urgent Care Centers	

Department/Service/Other: (specify)**Purpose**

The Spectrum Health Intranet is intended to facilitate more efficient and more effective ways for Spectrum Health staff to communicate and conduct business.

Policy

The Spectrum Health Communications Department will ensure consistency through the development of standards for logo use, color schemes, imagery, and overall appearance. Departments must follow the design guidelines established by the Communications Department. The main menu categories and subcategories will be developed and approved by the Web Advisory Committee. Home pages for all departments will be located on the official Spectrum Health Intranet file server.

Failure to comply with the defined policies and guidelines for usage may result in loss of rights to post to the Intranet file server. It is the responsibility of all staff to report any misuse of the Intranet by other individuals to their manager. Additionally, violations may result in disciplinary action up to and including termination.

I. Guidelines

- Publishers must independently confirm the material's accuracy, timeliness, and relevance to Spectrum Health business
- All developed web pages must be tested for security and operational problems by the I&TM webmaster
- All information posted to the Spectrum Health Intranet must have a designated "owner" (responsible director)...contact information for this owner must be clearly indicated on the page where the information appears
- All content posted to the Spectrum Health intranet is the property of Spectrum Health

- The Intranet maybe be used to provide real-time connections to any Spectrum Health production information system which has extended user authentication access controls, with the approval of I&TM management
- Links to the Internet must be approved by the I&TM webmaster
- The Spectrum Health Intranet pages, and those pages' links, are not intended for commercial use or personal gain
- Displaying or distributing material that violates copyrights, patent protections, or license agreements is strictly prohibited. The same copyright regulations that apply to written materials will also apply to Intranet pages and secondary pages
- Copyrighted text, photographs, and graphics must not be placed on a page without permission of the author, photographer, or artist. A copy of this permission must be filed with the Communications Department
- Any software made available through the Intranet must be approved by the Information and Technology Management (I&TM) Department
- Intranet content must uphold the Spectrum Health mission and comply with relevant Spectrum Health policies. Department web page content is subject to all the existing Spectrum Health policies

Department owners will be notified of any problems in content or design that are discovered by the I&TM and/or Communications Departments. If the problem is not corrected, the I&TM and Communications Departments reserve the right to remove the content from the server.

II. Procedure

Individual areas are responsible for developing their own pages. The content must be verified by the appropriate director before it is posted on the Intranet. Granting of a departmental web page on the Intranet will require the approval that department's director. The authorizing director will assign the staff that will be given rights to post pages to the department Intranet site. Department directors should designate one person (the liaison) to maintain the page. The department liaisons are responsible for:

- gathering information for the page
- obtaining permission for copyrighted materials
- sending a copy of the page information to Communications
- designing the page consistent with the style sheet provided by Communications
- ensuring that the information is kept up-to-date
- answering all questions concerning the department's page

Each department web site must contain the following statement: "The content of this page is the responsibility of {department director}. Comments regarding this page should be directed to the department webmaster."

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy/procedure at any time without prior notice and in compliance with Administrative Policy: Developing or Revising Policy & Procedure Manual Content.

Authored by: Tom Markoski, Security Analyst (11/02)
Ed Koller, Director, I&TM Application Support and Development (11/02)
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Mark Camacho, Manager, Data and Access Management (11/02)
Julie Withorn, Project Manager (11/02)
Joan DeVries, Project Manager (11/02)

Reviewed by: Patrick O'Hare, SVP and CIO (01/06)
Administrative Manual Policy Committee (01/06)

Approved by: Patrick O'Hare, SVP and CIO (01/06)
Administrative Manual Policy Committee (01/06)

References: Information Security Policies, Version 7, Charles Cresson Wood, 1999.

Key Words: Web, computer, usage



Spectrum Health



Disaster Plan

Subject: MASS CASUALTY AND TRIAGE ("PLAN MASS CASUALTY")

Policy #: DS-DIS-S0809

Original Effective Date: 12/01/01

Last Reviewed / Revised Date: 06/07/2006

Applies to All Listed Below:

Applies Only to Spectrum Health Hospitals: (*all those indicated by asterisks)

Limited to Those Specified:

<input checked="" type="checkbox"/> Blodgett Campus*	<input checked="" type="checkbox"/> Butterworth Campus*
<input type="checkbox"/> South Pavilion (Non-surgical)*	<input type="checkbox"/> Outpatient Surgical Centers*
<input checked="" type="checkbox"/> DeVos Children's Hospital*	<input type="checkbox"/> Resident & Specialty Practices*
<input type="checkbox"/> Aeromed at Spectrum Health	<input type="checkbox"/> Occupational Services
<input type="checkbox"/> Urgent Care Centers	

Department/Service/Other: (specify)

Purpose:

The Plan Mass Casualty is implemented when a situation occurs which necessitates intensive support from multiple departments in response to an influx of victims. This plan is applicable to the Blodgett and Butterworth campuses only.

Responsibility:

All Spectrum Health staff, management, and physicians working within Spectrum Health Blodgett and Butterworth Hospitals. Spectrum Health staff occupying buildings that adjoin the main hospitals should refer to their department-specific plan.

Policy Content:

MASS CASUALTY PLAN PHASES AND MEANINGS:

Standby-Just an alert Page 2:	The Emergency Department, Administrative Care Services Manager, and hospital staff are "alerted" to a situation that may proceed into the full implementation of the Mass Casualty Plan.
Phase I-Patient Arrival Page 3:	Establish Incident Command. Additional staff from other departments report to Emergency Department.
Phase II-Exceeded Resources Page 4-8:	Prolonged volume or acuity continues to increase. Additional support needed. Treatment Sites open up. Extra staff report to Personnel Pool.
Phase III-Recovery Page 9-11:	Recovery

STANDBY: The Emergency Department, Administrative Care Services Manager, and hospital staff are “alerted” to a situation that may proceed into the full implementation of the Mass Casualty Plan.

Notification - Aware of event via MedCom, Fire/Law Enforcement, Communications, Media, Operator/Information Desk, or arrival of walking wounded.

ADMINISTRATIVE CARE SERVICES MANAGER (AA) /EMERGENCY DEPARTMENT	<ul style="list-style-type: none"> ▪ Instruct operator to overhead page Plan Mass Casualty-Standby. ▪ Administrative Care Services Manager (AA) of involved campus notifies Administrative Care Services Manager (AA) of other campus. ▪ Record informational message on Disaster Hotline (391-3000). ▪ Notify Communications. ▪ Determine need to implement Plan Mass Casualty – Phase I. (Implementation of Plan Mass Casualty may proceed immediately to Phase II based on number and acuity of victims.)
OPERATOR	<ul style="list-style-type: none"> ▪ <u>At request of the Administrative Care Services Manager, overhead page:</u> <i>“Attention all hospital personnel, Plan Mass Casualty – Standby. Please refer to the Disaster Plan for instructions.”</i> Times two. Repeat every 15 minutes. Times two. ▪ Implement the Disaster Call List, by sending out the following to the Alpha Pagers on the list: “Plan Mass Casualty –Standby Phase is implemented.”
HEALTH INFORMATION MANAGEMENT (HIM) – BUTTERWORTH ONLY	<ul style="list-style-type: none"> ▪ Contact off-duty Administrative Care Services Managers (AA's) (refer to HIM Department Specific plan for contact numbers) to inform them of implementation of Mass Casualty-Standby Phase.
ALL STAFF	<ul style="list-style-type: none"> ▪ Notify department manager/supervisor. ▪ Staff should not leave hospital, unless released by A.A.

PHASE I – ADDITIONAL SUPPORT: Additional staff from other departments reports to Emergency Department. Establish Incident Command

Notification

ADMINISTRATIVE CARE SERVICES MANAGER (AA)	<ul style="list-style-type: none"> ▪ Instruct operator to overhead page Phase I. ▪ Contact Medical Staff Affairs. ▪ Notify Administrator on Call (AOC). ▪ Update Disaster Hotline (391-3000). ▪ Implement Disaster Call List. No phone number need be given -recipients of page do not need to come in at this time. Script on Disaster Call List.
OPERATOR	<ul style="list-style-type: none"> ▪ At request of the Administrative Care Services Manager, overhead page: <i>“Attention all hospital personnel, Plan Mass Casualty – Phase I. Please refer to the Disaster Plan for instructions.”</i> Times two. Repeat every 15 Times two ▪ Contact Switchboard Manager to call in additional operator(s). ▪ Contact Matthew Van Vranken, President. Refer to Operator Department Specific Plan for telephone numbers.
ALL STAFF	<ul style="list-style-type: none"> ▪ Notify department manager/supervisor of plan implementation.

Implementation

ADMINISTRATIVE CARE SERVICES MANAGER (AA)/ EMERGENCY DEPARTMENT CLINICAL MANAGER	<ul style="list-style-type: none"> ▪ Consider the following decision criteria, prior to implementation of Phase II: <ul style="list-style-type: none"> - Maximization of Emergency Department resources - Organizational resources and needs - Event specifics (i.e. type of event, time of day, etc.) ▪ When treatment capability exceeds Emergency Department capacity, implement Phase II.
ADMINISTRATIVE CARE SERVICES MANAGER (AA)	<ul style="list-style-type: none"> ▪ Establish Incident Command. ▪ Contact Security to determine need for off-site parking. ▪ Determine need for Administrator on Call (AOC) to come in. Contact AOC with update.
BED MANAGEMENT	<ul style="list-style-type: none"> ▪ Manager reports to Incident Command Center.
STAFF TO REPORT TO EMERGENCY DEPARTMENT	<p style="text-align: center;">RADIOLOGY</p> <ul style="list-style-type: none"> ▪ One (1) technologist <p style="text-align: center;">ENVIRONMENTAL SERVICES</p> <ul style="list-style-type: none"> ▪ One (1) representative <p style="text-align: center;">RESPIRATORY</p> <ul style="list-style-type: none"> ▪ One (1) Respiratory Therapist <p style="text-align: center;">LABORATORY</p> <ul style="list-style-type: none"> ▪ One (1) Phlebotomist <p style="text-align: center;">SECURITY</p> <ul style="list-style-type: none"> ▪ One (1) Officer
SUPPLY CHAIN MANAGEMENT	<ul style="list-style-type: none"> ▪ Deliver trauma carts/supplies to Charge Nurse-Emergency Department.
SECURITY	<ul style="list-style-type: none"> ▪ Deliver communication tools to Incident Command Center. ▪ Consider lock-down of involved campus(s). ▪ Consider obtaining additional security personnel from security companies, police department and Personnel Pool.
CHARGE NURSE/SUPERVISOR	<ul style="list-style-type: none"> ▪ Notify Manager/Supervisor of disaster plan implementation. ▪ Call Disaster Hotline (391-3000) for periodic updates.

PHASE II – PROLONGED VOLUME OR ACUITY CONTINUES TO INCREASE:**Notification**

If Phase I is bypassed, implement Phase I steps, along with Phase II.	
ADMINISTRATIVE CARE SERVICES MANAGER (AA)	<ul style="list-style-type: none"> A.A. of involved campus notifies A.A. of other campus of situation status. Instruct operator to overhead page Mass Casualty-Phase II. When Personnel Pool is established, instruct operator to page the pool is open. Update Disaster Hotline (391-3000).
OPERATOR	<ul style="list-style-type: none"> Implement the Disaster Call List, by sending out the following to the Alpha Pagers on the list: <i>"Mass Casualty-Phase II has occurred. Contact HIM at 391-1899."</i> <p>At request of the Administrative Care Services Manager, overhead page:</p> <ul style="list-style-type: none"> <i>"Attention all hospital personnel, Plan Mass Casualty-Phase II. The Incident Command Center has been established in the Butterworth, Health Sciences Library." Times two.</i> <i>Blodgett: Guild Rooms 1&2." Times two.</i> <p>Repeat every 15 minutes Times two.</p> <p>At request of the Administrative Care Services Manager, overhead page:</p> <ul style="list-style-type: none"> <i>The Personnel Pool has been established in the Cafeteria." Times two.</i> <p>Repeat every 15 minutes Times two.</p>
CHARGE NURSE/DESIGNEE OF OPEN DEPARTMENTS OF INVOLVED CAMPUS	<ul style="list-style-type: none"> Contact department manager/supervisor to inform Mass Casualty Plan - Phase II in progress. Determine staffing needs Have manager/supervisor report to their unit and call Incident Command Center upon arrival. All elective procedures on hold until clearance from Incident Command Center.
HEALTH INFORMATION MANAGEMENT (HIM) – BUTTERWORTH ONLY	<ul style="list-style-type: none"> Disaster Call List has been implemented. Instruct individuals on Call List to report to the Incident Command Center. SCRIPT: <i>"Mass Casualty Plan-Phase II has been implemented at (designate Blodgett or Butterworth Campus, or both). Please report to Incident Command."</i>

Implementation:

ADMINISTRATIVE CARE SERVICES MANAGER (AA)	<ul style="list-style-type: none"> Assume role of Incident Commander (Incident Command Cart locations: BWC: Health Sciences Library-office under desk, BLC: AA Office 3B), and refer to Incident Commander book. Establish Personnel Pool and delegate individual(s) to manage it. Contact Med Centers / Urgent Care facilities to notify them of Mass Casualty and inform them of possible increase of patients to these areas. Perform organizational assessment. Refer to Emergency Preparedness Management Plan (Sections 1-21, Addendum and Disaster Forms). Keep Incident Command Center informed of status of treatment sites.
ADMINISTRATOR ON CALL / VP MEDICAL AFFAIRS	<ul style="list-style-type: none"> Assume Incident Command roles as appointed by Incident Commander. Refer to Emergency Preparedness Management Plan (Sections 1-21, Addendum and Disaster Forms). Medical Staff representative direct recruitment of physician staff. Contact Med Centers / Urgent Care facilities to notify them of Mass Casualty and inform them of possible increase of patients to these areas.

PHASE II – CONTINUED

INCIDENT COMMAND CENTER	<ul style="list-style-type: none"> ▪ Notify Triage when Treatment Sites are up and running. ▪ Determine need for Employee Assistance Program (EAP) Associates for critical incident stress for staff. ▪ Assess community resources and additional support from other Spectrum Health agencies. Refer to the Emergency Preparedness Management Plan, Services and Resources tab, Section 11. ▪ Assess need to provide staff with complementary food. Assess length and duration of disaster and provide direction. ▪ Provide direction to Red Cross volunteers. ▪ Consider opening Sleep/Rest Area. ▪ As number of incoming victims decreases, evaluate need to close treatment sites. ▪ Update Disaster Hotline Periodically (391-3000). 																				
ADDITIONAL STAFF TO REPORT TO EMERGENCY DEPARTMENT	<p style="text-align: center;">RN-UNIT SUPPORT</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>BLODGETT</u></th> <th style="text-align: center;"><u>BUTTERWORTH</u></th> </tr> </thead> <tbody> <tr> <td>▪ One (1) SICU</td> <td>4 Meijer Heart Center</td> </tr> <tr> <td>▪ One (1) MICU</td> <td>5 Meijer Heart Center</td> </tr> <tr> <td>▪ One (1) 4E</td> <td>4S</td> </tr> <tr> <td>▪ One (1) Oncology</td> <td>2S-Orthopaedic</td> </tr> <tr> <td>▪ One (1) -----</td> <td>PICU</td> </tr> <tr> <td>▪ One (1) OR/PACU</td> <td>OR/PACU</td> </tr> </tbody> </table> <p style="text-align: center;">NURSING/UNIT ASSISTANT OR SUPPORT STAFF TO TRANSPORT</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>BLODGETT</u></th> <th style="text-align: center;"><u>BUTTERWORTH</u></th> </tr> </thead> <tbody> <tr> <td>▪ One (1) Critical Care</td> <td>7 North</td> </tr> <tr> <td>▪ One (1) Bariatrics</td> <td>5S-Oncology</td> </tr> </tbody> </table> <p style="text-align: center;">PHYSICIAN</p> <ul style="list-style-type: none"> ▪ On-call Internal Medicine/Attending Physician ▪ General Surgeon assisted by Resident ▪ Trauma Physician / General Surgeon <p style="text-align: center;">UNIT SECRETARY</p> <ul style="list-style-type: none"> ▪ One (1) Secretary (designated by Administrative Care Services Manager-AA). 	<u>BLODGETT</u>	<u>BUTTERWORTH</u>	▪ One (1) SICU	4 Meijer Heart Center	▪ One (1) MICU	5 Meijer Heart Center	▪ One (1) 4E	4S	▪ One (1) Oncology	2S-Orthopaedic	▪ One (1) -----	PICU	▪ One (1) OR/PACU	OR/PACU	<u>BLODGETT</u>	<u>BUTTERWORTH</u>	▪ One (1) Critical Care	7 North	▪ One (1) Bariatrics	5S-Oncology
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▪ One (1) Critical Care	7 North																				
▪ One (1) Bariatrics	5S-Oncology																				
DIRECTORS	<ul style="list-style-type: none"> ▪ Report to Incident Command for assignment. ▪ Notify your managers of disaster plan implementation; instruct them to refer to disaster plan. 																				

PHASE II – CONTINUED

MANAGER OR DESIGNEE	<ul style="list-style-type: none"> ▪ Report to your own unit. ▪ Assess department staffing needs. ▪ Call Disaster Hotline (391-3000) for information regarding incoming staff parking/building entrance information. ▪ Recruit off-duty/off-site staff to report to your unit. ▪ Send available staff to Personnel Pool ▪ Fill out Called Staff Log (located on the Environmental Safety website). Submit completed form to Disaster Committee at MC 70. ▪ Communicate the following to incoming staff: <ul style="list-style-type: none"> ▫ Do not call your department or hospital to see if you need to report. Listen to WLHT (95.7 FM) or WOOD (1300 AM for updates). ▫ wear approved photo ID. ▫ report to your department for instruction and direction. ▫ sign in on Staff Attendance Sheet upon arrival ▪ Continue to: <ul style="list-style-type: none"> ▫ Evaluate scheduling of staff for mass casualty based on updates from Incident Command Center. ▫ Send available staff to Personnel Pool ▫ Call Incident Command Center with updates. ▫ Evaluate supply level and contact Incident Command to obtain more supplies if needed. ▫ Evaluate departmental needs. 		
STAFF / CHARGE NURSE	<ul style="list-style-type: none"> ▪ Assess patients for transfer or discharge. ▪ Call Incident Command Center with this information – be prepared to move patients to discharge or holding areas. ▪ Prepare for multiple admissions. ▪ Review/implement tasks for Director/Manager until their arrival. ▪ Direct all media to Media Center, located at 221 Michigan, 1st Floor, Education Center. ASKING BRUCE ROSSMAN RE BLC. 		
TREATMENT SITES Units where sites located –Treatment sites assess, treat, stabilize, and determine routing of patients. Hang “Treatment Site” signage where it is visible.	<p style="text-align: center;">LOCATIONS:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: left; vertical-align: top;"> <u>BLODGETT:</u> OR/PACU MICU Peds-Burn Unit 3C-Ortho Rehab Rm </td> <td style="width: 50%; text-align: left; vertical-align: top;"> <u>BUTTERWORTH:</u> OR/PACU CRITICAL CARE PICU 2 South </td> </tr> </table> <p style="text-align: center;"><u>TREATMENT SITE STAFF - establish and maintain treatment sites with the minimum of the following:</u></p> <ul style="list-style-type: none"> ▪ One (1) Physician ▪ One (1) Additional Physician or Physician Assistant ▪ Two (2) RN's <p style="text-align: center;"><u>ADDITIONAL STAFF AS AVAILABLE (to be obtained from the unit and/or Personnel Pool):</u></p> <ul style="list-style-type: none"> ▪ One (1) Nursing Assistant ▪ One (1) Unit Secretary ▪ One (1) X-ray Technologist, with portable X-ray equipment ▪ One (1) Lab Technologist ▪ One (1) Respiratory Therapist ▪ One (1) Registration Specialist 	<u>BLODGETT:</u> OR/PACU MICU Peds-Burn Unit 3C-Ortho Rehab Rm	<u>BUTTERWORTH:</u> OR/PACU CRITICAL CARE PICU 2 South
<u>BLODGETT:</u> OR/PACU MICU Peds-Burn Unit 3C-Ortho Rehab Rm	<u>BUTTERWORTH:</u> OR/PACU CRITICAL CARE PICU 2 South		
AUTOMATIC DEPLOYMENT OF TREATMENT SITE STAFF FROM PERSONNEL POOL.			

PHASE II – CONTINUED

TREATMENT SITE COORDINATOR (CLINICAL MANAGER / DESIGNEE)	<ul style="list-style-type: none"> Obtain supply carts from CSR / CD. Notify Incident Command Center when site is up and running (required supplies and personnel at site). Ensure Patient Location Log is monitored and completed. Evaluate supply needs. Evaluate staffing needs. Call Incident Command Center with treatment site status.
FACILITY SUPPORT SERVICES	<ul style="list-style-type: none"> Send one staff member to Security.
HOLDING ONLY A location for disaster victims who are medically determined to not be survivable.	<p style="text-align: center;">LOCATIONS</p> <p>BLODGETT: 5B BUTTERWORTH: 2 West</p>
DISCHARGE ONLY A location for patients who have received or are waiting for discharge instructions/ discharge planning, and are waiting to be picked up.	<p style="text-align: center;">LOCATIONS</p> <p>BLODGETT: Pastoral Care Offices BUTTERWORTH: 1710A, B & C</p>
ADMITTING / REGISTRATION	<ul style="list-style-type: none"> Implement patient tracking system.
COMMUNICATIONS	<ul style="list-style-type: none"> Establish Media Center at 221 Michigan, 1st Floor, Education Center.
CARE MANAGEMENT DEPARTMENT / PASTORAL CARE	<ul style="list-style-type: none"> Establish Family/Visitor Waiting: <ul style="list-style-type: none"> Blodgett: Yaw Auditorium Butterworth: East Auditorium Call Incident Command Center when Family/Visitor Waiting is ready for use. Pastoral Care and Care Management representatives report to Holding Site: <ul style="list-style-type: none"> Blodgett: 5B Butterworth: 2 West Establish Discharge Site: <ul style="list-style-type: none"> Blodgett: Pastoral Care Offices Butterworth: 1710A, B, C
ENVIRONMENTAL SERVICES – BUTTERWORTH ONLY	<ul style="list-style-type: none"> One person to report to 1710A, B, C to set up Discharge Site.
WORK & FAMILY SERVICES	<ul style="list-style-type: none"> Set up childcare with Child Development Centers at Blodgett and Butterworth Campuses. Consider need for 24-hour childcare services. Notify Incident Command when functional.

PHASE III - RECOVERY

Notification:

ADMINISTRATIVE CARE SERVICES MANAGER (AA)	<ul style="list-style-type: none"> Instruct operator to overhead page Phase III. Update Disaster Hotline (391-3000).
OPERATOR	<p><u>At request of the Incident Command Center, overhead page:</u></p> <p><i>"Attention all hospital personnel, Plan Mass Casualty – Phase III. Please refer to the Disaster Manual." Times two. Repeat every 15 minutes Times two; and then every 30 minutes. Times two.</i></p>

Implementation:

INCIDENT COMMAND CENTER	<ul style="list-style-type: none"> Direct the closure of functional areas as needed (Discharge, Holding, Treatment Areas, Family/Visitor Waiting, Media Center, etc.) Coordinate post-disaster debriefing with all hospital managers/supervisors and directors.
ALL AREAS, DIRECTORS, MANAGERS, SUPERVISORS	<ul style="list-style-type: none"> Submit appropriate documentation of events to Disaster Committee at MC 70. See Addendum B for a list of forms and instructions for completing.

ALL CLEAR

Notification

ADMINISTRATIVE CARE SERVICES MANAGER (AA)	When Phase III-Recovery is complete, instruct operator to page "All Clear".
OPERATOR	<p><u>At the request of the Incident Command Center, overhead page:</u></p> <p><i>"Attention all hospital personnel, Plan Mass Casualty – All Clear." Times two.</i></p>

RECOVERY/RETURN TO NORMAL OPERATIONS

The Hospital will remain in the paged disaster mode until recovery is complete and the "All Clear" is paged. Refer to "Recovery/Return to Normal Operations" section under the Disaster Services/Resources Available section in this manual for specific role responsibilities and considerations.

CRITICAL INCIDENT STRESS DEBRIEFING/MANAGEMENT

Debriefing sessions should be available for all persons involved in the disaster. It is desirable to have this done as soon as possible after the crisis. Refer to "Critical Incident Stress Debriefing/ Management" under the Disaster Services/Resources Available section in this manual for specific role responsibilities and considerations.

MEDICAL NEEDS OF STAFF

Medical needs of staff during a disaster are outlined in "Medical Needs of Staff" under the Disaster Services/Resources Available section in this manual for specific role responsibilities and considerations.

Appendix A – Mass Casualty Emergency Phone Numbers

Butterworth Campus		
What	Where	What to Call
Emergency Department	Module A	Ext. 12680
Triage/Decontamination	Module E	Ext. 11447
Immediate Treatment Areas (Red, Yellow)	Module I Module P (Pediatrics) Trauma Bay Fast Track CVOU	Ext. 19995 Ext. 11447 Ext. 13700 Ext. 15024 Ext. 17933
Holding Area (Black)	2 West – Outpatient Center	Ext. 13400
Treatment Area (Red)	OR/PACU	Ext. 11517
Treatment Area (Red)	4 Meijer Heart Center	Ext. 16488 / 16450
Treatment Area – Pediatrics (All)	PICU	Ext. 11526 / 13526
Treatment Area – Ortho (Green)	2 South – Orthopaedics	Ext. 11433 / 22005 / 29033
Discharge Area	1710A 1710B 1710C	Ext. 26280 Ext. 13468 / 60051 Ext. 12059
News Media/Communications	NOB, 221 Michigan 1st Floor	Ext. 12074
Personnel Pool	Prisms (Rear Cafeteria)	Ext. 26919 / 26918 / 26916
Family/Visitor Waiting (6 Phones)	East Auditorium – Stage Area	Ext. 13770
Patient Tracking	Health Sciences Library	See Incident Command
Incident Command Center	Health Sciences Library	Ext. 15509

Blodgett Campus		
What	Where	What to Call
Triage Area/Decontamination Area	Emergency Department	Ext. 47740
Immediate Treatment Area (Red)	Emergency Department	Ext. 47740
Delayed Treatment Area (Yellow)	Emergency Department	Ext. 47740
Holding Area (Black)	5B-Observation	Ext. 47340
Treatment Area (Red)	OR / PACU	Ext. 47870 / 47880
Treatment Area (Red)	Medical Intensive Care Unit (MICU)	Ext. 47766
Treatment Area – Pediatrics (All)	Burn Unit Playroom	Ext. 47670
Treatment Area – Ortho (Green)	3C – Orthopaedics, Rehab Room	Ext. 44100
Discharge Area	Pastoral Care Offices	Ext. 41806 / 47549
News Media/Communications	NOB, 221 Michigan, 1st Floor	Ext. 12074
Personnel Pool	Marketplace (Physician Dining Room)	Ext. 40355 Ext. 47787
Family/Visitor Waiting (6 Phones)	Yaw Auditorium	Ext. 47912 Ext. 47913 Ext. 47623
Patient Tracking	Guild Rooms 1&2	See Incident Command
Incident Command Center	Guild Rooms 1&2	Ext. 45001

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy/procedure at any time without prior notice and in compliance with Administrative Policy: Developing or Revising Policy & Procedure Manual Content.

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References:

Key Words: Disaster, plan, policy, emergency, mass, casualty, response, trauma, triage, hospital, Blodgett, Butterworth, victim, patient